

## 2015 Annual Fatigue Reports WorkBook

This workbook collects and compiles the annual fatigue report (AFR) information filed by utilities and includes a comparison with data from 2010.

The 2015 data is available from NRC at:

<https://www.nrc.gov/docs/ML1629/ML16295A014.html>

The **Combined-Ind&No** tab (light red) collects the reported data for how many individuals in what job categories were issued waivers into a single sheet for a unified look across utilities. Where the AFR reported a 0 or was blank, the spreadsheet indicates a gray '0'. Some of the items reported on the NRC webpage are transmittal letters, these are noted below the compiled data table. Each type of data is presented in a block of color-coded columns; these are as follows:

**Order Key:** Allows for resorting the table and easily sorting the information on individual utilities back into the order on the NRC source webpage.

**AFR Information:** Provides the Ascension number in plain text, a link to the reported data worksheet, a count for reports (each is assigned the value '1'; this could be updated to the number of plants for the AFR and the statistics will automatically update to a plant basis rather than an AFR basis) and the AFR Report Title as reported on the NRC source webpage.

**Facility Waivers:** Reports the utility's indication on whether or not they had waivers, if any were for outages, or outages over 60 days.

**Overview:** Reports the total waivers for each AFR, the percent of total waivers reported, and the maximum number of waivers for an individual employee. These columns are formatted so that the higher values are more intensely shaded in yellow.

**Total Waivers:** Reports the total waivers for operating and outage periods. These columns are formatted so that the higher values are more intensely shaded. See the St Lucie discrepancy described below for more detailed information on total waiver tallies.

**Total Employees Issued Waivers:** Reports the total waivers issued by job function (four categories) and the total employees issued waivers.

**Combined Totals:** Reports the total waivers for each work hour control type (five categories) and total waivers issued.

**Summary of Corrective Actions:** Notes whether there are comments in the AFR and if these could be interpreted to indicate anything related to a corrective action.

The **Combined-Control** tab (dark red) collects the reported data for how many waivers were issued for each type of work control into a single sheet to understand which are most used. Where the AFR reported a 0 or was blank, the spreadsheet indicates a gray '0'.

The **WaiverComments** tab (yellow) repeats the Order Key, AFR Information, Summary of Corrective Action, and Total Waivers columns from the Combined table along with collecting the comments made by the utilities in their AFRs onto one worksheet for side-by-side comparison.

The **2010\_Comparison** tab (blue) provides a comparison on total waivers for 2010 and 2015. The utility names were tied to a current list of operating nuclear power plants from NRC supplemented by additional information on plants that have been decommissioned since 2010. The 2010 data was obtained from the report, "Calendar Year 2010 – Fatigue Waiver Issuance Data - Statistical Analysis" draft 3 of September 18, 2011; note that this report did not report waiver totals for each unit.

The **individual AFR datasheets** (e.g., ML16049A428) collect the information reported on each AFR; these are referenced from the Combined and WaiverComments as a hyperlink. Each datasheet includes a hyperlink back to the Combined report in the upper left corner under the AFR title. These datasheets are all structured exactly the same to facilitate data compilation to the Combined and WaiverComments worksheets. The datasheets included automated checks to reveal typos as data was entered (see comment on St Luce AFR below).

### Additional Notes:

Some of the datasheets had anomalies or potential errors that were noted while transcribing the data. These are captured below along with the URL link to the original AFR at NRC.

| AFR Link                                                   | Report Title                                                                                                                                                                        | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">ML16057A796</a><br><a href="#">ML16055A118</a> | Limerick [50-352; 50-353], Annual Fatigue St. Lucie, Units 1 and 2 Annual Fitness-For-Duty Program Report for Period of January 1 through December 31, 2015. (6 page(s), 2/19/2016) | Limerick's AFR states the report is for 2014. The St Lucie AFR reported waiver values did not add up correctly. Their AFR was submitted as a PDF embedded in with other portions of their transmittal instead of the 'Locked' dedicated PDF form used by most other licensees. St Lucie's reported total values did not include 2 waivers; this resulted in the total waivers for the Overview portion and the Total Waivers to be off by two. These differing values are highlighted in red text in the Combined tab. |
| <a href="#">ML16049A571</a>                                | Prairie Island [50-282; 50-306], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)                                                                                         | The Prairie Island AFR was submitted without information on the responsible person nor was the 'Validate & Lock' selected.                                                                                                                                                                                                                                                                                                                                                                                             |
| <a href="#">ML16026A610</a>                                | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015 (1 page(s), 1/26/2016)                                                                                     | Palo Verde has duplicate AFR reports under two different ascension numbers (ML16033A229 and ML16026A610). Both are included in this compilation.                                                                                                                                                                                                                                                                                                                                                                       |
| <a href="#">ML16033A229</a>                                | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015 (1 page(s), 2/2/2016)                                                                                      | Palo Verde has duplicate AFR reports under two different ascension numbers (ML16033A229 and ML16026A610). Both are included in this compilation.                                                                                                                                                                                                                                                                                                                                                                       |
| <a href="#">ML16060A299</a>                                | Vogtle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                                                                   | Vogtle Units 1 and 2 filed two AFRs, ML16060A299 and ML16060A300. AFR ML16060A299 reports two waivers; ML16060A300 reports no waivers.                                                                                                                                                                                                                                                                                                                                                                                 |
| <a href="#">ML16060A300</a>                                | Vogtle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                                                                   | Vogtle Units 1 and 2 filed two AFRs, ML16060A299 and ML16060A300. AFR ML16060A299 reports two waivers; ML16060A300 reports no waivers.                                                                                                                                                                                                                                                                                                                                                                                 |





| Order Key* | AFR Information                                                    |                                      |         | Total Waivers                                         |           | Work Hours                              |                     |                     | Rest Breaks             |                                                             | Days Off                            |                                      |                                               |                                                 |                                                           | Min Days Off for Outage for 1st 60 Days                |                                           |                                                        | Alternate to Min Days Off                                        |                       |           |
|------------|--------------------------------------------------------------------|--------------------------------------|---------|-------------------------------------------------------|-----------|-----------------------------------------|---------------------|---------------------|-------------------------|-------------------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|-----------------------|-----------|
|            | Ascension                                                          | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                      | Operating | Outage (none were greater than 60 days) | Exceed 16 in 24 Hrs | Exceed 26 in 48 Hrs | Exceed 72 in 7 Days     | <10 Hr B/T Successive Work Periods or 8 Hr Break B/T Shifts | Less than 34 Hr Break in Any 9 Days | < 1 Day Off Per Week for 8 Hr Shifts | Avg of < 2 Days Off Per Week for 10 Hr Shifts | Avg of < 2.5 Days Off Per Week for 12 Hr Shifts | Avg of < 2 Days Off Per Week for 12 Hr Maintenance Shifts | Avg of < 3 Days Off Per Week for 12 Hr Security Shifts | < 3 Days Off Per Successive 15-Day Period | < 1 Day Off Per 7-Day Period for Maintenance Personnel | < 4 Days Off Per Successive 15-Day Period for Security Personnel | 54 Hr Maximum Average |           |
|            | <b>Percent</b>                                                     |                                      |         |                                                       |           | <b>Total Work Hours: 244</b>            |                     |                     | <b>Total Breaks: 74</b> |                                                             | <b>Total Days Off: 1</b>            |                                      |                                               |                                                 |                                                           | <b>Total Min Days Off: 8</b>                           |                                           |                                                        | <b>Total:</b>                                                    |                       |           |
|            |                                                                    |                                      |         | <b>Percents of All Waivers:</b>                       |           | 25%                                     | 31%                 | 16%                 | 18%                     | 4%                                                          | 0%                                  | 0%                                   | 0%                                            | 0%                                              | 0%                                                        | 0%                                                     | 2%                                        | 1%                                                     | 0%                                                               | 3%                    |           |
|            |                                                                    |                                      |         | <b>Percents for Type:</b>                             |           | 34%                                     | 43%                 | 23%                 | 84%                     | 16%                                                         | 0%                                  | 0%                                   | 100%                                          | 0%                                              | 0%                                                        | 75%                                                    | 25%                                       | 0%                                                     | 100%                                                             |                       |           |
|            | <b>Total AFRs: 64</b>                                              |                                      |         | <b>Totals</b>                                         |           | <b>293</b>                              | <b>43</b>           | <b>84</b>           | <b>105</b>              | <b>55</b>                                                   | <b>62</b>                           | <b>12</b>                            | <b>0</b>                                      | <b>0</b>                                        | <b>1</b>                                                  | <b>0</b>                                               | <b>0</b>                                  | <b>6</b>                                               | <b>2</b>                                                         | <b>0</b>              | <b>11</b> |
| 52         | ML16056A229                                                        | <a href="#">ML16056A229</a>          | 1       | Arkansas Nuclear One [50-313; 50-368], Annual Fatigue | 1.0       | 0.0                                     | 0                   | 1                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 53         | ML16034A157                                                        | <a href="#">ML16034A157</a>          | 1       | Callaway [50-483], Annual Fatigue Report Form for 20  | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 55         | ML16041A536                                                        | <a href="#">ML16041A536</a>          | 1       | Columbia [50-397], Annual Fatigue Report Form for 20  | 4.0       | 0.0                                     | 0                   | 0                   | 4                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 56         | ML16056A661                                                        | <a href="#">ML16056A661</a>          | 1       | Comanche Peak [50-445; 50-446], Annual Fatigue Rep    | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 57         | ML16043A010                                                        | <a href="#">ML16043A010</a>          | 1       | Cooper [50-298], Annual Fatigue Report Form for 201   | 10.0      | 0.0                                     | 4                   | 2                   | 0                       | 4                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 58         | ML16049A409                                                        | <a href="#">ML16049A409</a>          | 1       | Diablo Canyon [50-275; 50-323], Annual Fatigue Repo   | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 59         | ML16060A132                                                        | <a href="#">ML16060A132</a>          | 1       | Fort Calhoun [50-285], Annual Fatigue Report Form fo  | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 60         | ML16048A362                                                        | <a href="#">ML16048A362</a>          | 1       | Grand Gulf [50-416], Annual Fatigue Report Form for 2 | 69.0      | 0.0                                     | 6                   | 35                  | 1                       | 27                                                          | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 61         | ML16026A610                                                        | <a href="#">ML16026A610</a>          | 1       | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue R | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 62         | ML16033A229                                                        | <a href="#">ML16033A229</a>          | 1       | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue R | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 63         | ML16060A416                                                        | <a href="#">ML16060A416</a>          | 1       | River Bend [50-458], Annual Fatigue Report Form for 2 | 3.0       | 0.0                                     | 3                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 64         | ML16042A628                                                        | <a href="#">ML16042A628</a>          | 1       | San Onofre [50-361; 50-362], Annual Fatigue Report F  | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 65         | ML16048A474                                                        | <a href="#">ML16048A474</a>          | 1       | South Texas Project [50-498; 50-499], Annual Fatigue  | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 66         | ML16034A446                                                        | <a href="#">ML16034A446</a>          | 1       | Waterford [50-382], Annual Fatigue Report Form for    | 2.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 2                     |           |
| 69         | ML16056A154                                                        | <a href="#">ML16056A154</a>          | 1       | Wolf Creek [50-482], Annual Fatigue Report Form for   | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
| 71         | ML16055A393                                                        | <a href="#">ML16055A393</a>          | 1       | INPO [99901386], Annual Fatigue Report Form for 20    | 0.0       | 0.0                                     | 0                   | 0                   | 0                       | 0                                                           | 0                                   | 0                                    | 0                                             | 0                                               | 0                                                         | 0                                                      | 0                                         | 0                                                      | 0                                                                | 0                     |           |
|            | AFR appears to have errors, see note in worksheet and READ_ME tab. |                                      |         |                                                       |           |                                         |                     |                     |                         |                                                             |                                     |                                      |                                               |                                                 |                                                           |                                                        |                                           |                                                        |                                                                  |                       |           |

Notes: \*Order Key relates to the order the AFRs are listed on the NRC's AFR website.

\*\*Licensee comments described corrective action inconsistently; a 'Yes' value here indicates that the AFR has a statement about corrective action for the report year. A 'No' value means that the AFR did not clearly indicate there had been a corrective action taken over the report year. Corrective action comments were copy/pasted into the individual worksheets.

# 2015 Annual Fatigue Reports.

## Work Hour Controls

Accession Number: ML16295A014

Date Released: Friday, October 28, 2016

<http://pbadupws.nrc.gov/docs/ML1629/ML16295A014.html>

| Order Key*            | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                                 | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                                                                                                          | Analysis of Fatigue Assessment Data                                                                                                                                                                                                           | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                                          | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                | General Comments (optional) |
|-----------------------|--------------------------------------|---------|------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|                       |                                      |         |                                                                                                                  | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| <b>Total AFRs: 64</b> |                                      |         |                                                                                                                  | <b>50</b>                    | <b>9</b>                             | <b>293</b>       | <b>43</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| 1                     | <a href="#">ML16049A428</a>          | 1       | Beaver Valley [50-334; 50-412], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)                       | 1                            | 0                                    | 3.0              | 0.0                                     | Three (3) maintenance employees were granted one (1) waiver on one (1) occasion to prevent a possible reactor shutdown.                                                                                                                                                                                                                                                                                                     | Post Event and For Cause fatigue assessments were performed. No additional fatigue issues were identified.                                                                                                                                    | The Corrective Action Program is being appropriately used to identify, document, and resolve deficiencies and non-compliances. All instances where covered workers inadvertently exceeded the work hour limits were captured in the corrective action program. Individuals who exceed work hour limits are coached on the importance of rigor to ensure compliance with the fatigue management program.                              | The Corrective Action Program is being appropriately used to identify, document, and resolve deficiencies and non-compliances. All instances where covered workers inadvertently exceeded the work hour limits were captured in the corrective action program. Individuals who exceed work hour limits are coached on the importance of rigor to ensure compliance with the fatigue management program. | None.                       |
| 2                     | <a href="#">ML16057A792</a>          | 1       | Calvert Cliffs [50-317; 50-318], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)                      | 1                            | 0                                    | 0.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                                                                               | No adverse trends were noted.                                                                                                                                                                                                                 | Fatigue management performance was satisfactory.                                                                                                                                                                                                                                                                                                                                                                                     | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                    | 0                           |
| 3                     | <a href="#">ML16060A494</a>          | 1       | FitzPatrick [50-333], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                 | 1                            | 0                                    | 0.0              | 0.0                                     | James A. FitzPatrick (JAF) did not have a refueling outage during 2015. JAF had one unplanned power change event. 2015 had few periods where a significant amount of work would have challenge the Fatigue Management Program. Therefore, zero Fatigue Waivers is reasonable under these circumstances. In addition to no waivers in 2015, there were no violations without waivers.                                        | One Fatigue Assessment was performed in 2015. In April 2015, a worker sustained a hand injury resulting in a OSHA Recordable event. The Fatigue Assessment did not identify fatigue as a contributor to the event.                            | The JAF Fatigue Management Program is adequately implemented. In 2015, there were few emergent events challenging work planning. Watchbill coordinators effectively managed work hours in accordance with 10 CFR 26.205. There were no instances of Fatigue Waivers or Violations. There are no significant negative trends or programmatic failures in the Fatigue Management Program.                                              | No corrective actions.                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 4                     | <a href="#">ML16057A801</a>          | 1       | R.E. Ginna [50-244], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)                                  | 1                            | 0                                    | 0.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                                                                               | No adverse trends were noted.                                                                                                                                                                                                                 | Fatigue management performance was satisfactory.                                                                                                                                                                                                                                                                                                                                                                                     | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                    | 0                           |
| 6                     | <a href="#">ML16057A344</a>          | 1       | Salem and Hope Creek, 10 CFR Part 26, Subpart I Managing Fatigue, for Period Ending 2015. (1 page(s), 2/22/2016) | 1                            | 1                                    | 2.0              | 0.0                                     | PSEG Nuclear issued two work hour rule waivers in 2015. The waivers were processed for two individuals who exceeded the 72 work hours in any 7 day period. Both waivers were required to complete installation of replacement motor bearings on a Safety Injection Pump to prevent a delay in the recovery of a safety system function. A fatigue assessment was performed for each worker as a part of the waiver process. | Fatigue assessments were performed throughout 2015 for instances of Post-Event, For Cause-Observed Behaviors, Self-Declarations and Waivers. All assessments were conducted correctly as prescribed in 10 CFR Part 26 and station procedures. | Work conducted under the approved waivers was done so without incident. Use of waivers was limited to circumstances necessary to prevent or mitigate conditions adverse to safety or security. Based on the results of quarterly and semi-annual reviews, the Fatigue Management Program met the requirements of 10CFR26.205(e) and has proven effective in controlling the work hours of individuals subject to work hour controls. | Deficiencies and non-compliances have been captured in the corrective action program and corrective actions were taken to resolve those deficiencies and non-compliances.                                                                                                                                                                                                                               | 0                           |
| 7                     | <a href="#">ML16043A109</a>          | 1       | Indian Point [50-247; 50-286], Annual Fatigue Report Form for 2015 (1 page(s), 2/12/2016)                        | 0                            | 0                                    | 4.0              | 0.0                                     |                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                       | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                             | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Conclusions                                                                                                                                                                                                                                                  | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | General Comments (optional) |
|------------|--------------------------------------|---------|----------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|            |                                      |         |                                                                                              | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
| 9          | <a href="#">ML16057A796</a>          | 1       | Limerick [50-352; 50-353], Annual Fatigue Report Form for 2014 (1 page(s), 2/26/2016)        | 1                            | 0                                    | 8.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fatigue management performance was satisfactory.                                                                                                                                                                                                             | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 10         | <a href="#">ML16054A673</a>          | 1       | Millstone [50-336; 50-423], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)       | 1                            | 0                                    | 0.0              | 0.0                                     | There were no waiver assessments for 2015                                                                                                                                                                                                                                                                                         | There were seven fatigue assessments in 2015. Three were "Self Declarations" one "For Cause" and three "Post Event." Appropriate actions were followed in every event. Fatigue was not a factor in the Post Event cases. Appropriate measures were followed in the remainder of cases. No issues or concerns were noted.                                                                                                                                                                                                                                     | Millstone successfully maintained work hours for 2015 with zero violations                                                                                                                                                                                   | There were no Fatigue Management issues at Millstone in 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                           |
| 11         | <a href="#">ML16057A797</a>          | 1       | Nine Mile Point [50-220; 50-410], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016) | 1                            | 0                                    | 2.0              | 0.0                                     | No Adverse trends were noted.                                                                                                                                                                                                                                                                                                     | No adverse trends were noted .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fatigue management performance was satisfactory.                                                                                                                                                                                                             | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 12         | <a href="#">ML16057A798</a>          | 1       | Oyster Creek [50-219], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)            | 1                            | 1                                    | 4.0              | 14.0                                    | IRs 2475158, 2500627 - Adverse trend in waiver inappropriate authorizations identified in 2014 continues into first half of 2015.                                                                                                                                                                                                 | Adverse trend in fatigue assessment documentation errors identified in 2014 continued to improve in 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fatigue management performance continues to improve in second quarter 2015. A follow-up assessment for effectiveness of corrective actions is due March 2016.                                                                                                | IR 2525245-19 will document the performance of an Effectiveness Review (EFR). The EFR will determine if the knowledge gap in the work hour rule process has been closed by corrective actions of procedure changes and training.                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                           |
| 13         | <a href="#">ML16057A799</a>          | 1       | Peach Bottom [50-277; 50-278], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)    | 1                            | 0                                    | 24.0             | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fatigue management performances was satisfactory.                                                                                                                                                                                                            | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 14         | <a href="#">ML16056A077</a>          | 1       | Pilgrim [50-293], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016)                 | 1                            | 1                                    | 16.0             | 0.0                                     | In 2013, waivers not meeting the safety or security criteria were inappropriately issued. No instances of inappropriate waivers were found in 2014 or 2015. The number of instances (7) of waivers issuance were significantly decreased in 2014. The number of instances (5) requiring issuance of waivers remained low in 2015. | Two instances of self-declaration fatigue assessments occurred during 2015. One self-declaration assessment performed for an employee called into work for Emergency Response coverage documented that the employee was fit for duty for the remainder of the shift based on supervisor and employee evaluation. The other self-declaration assessment was performed for an employee held over to support switch yard work. The individual continued to work in the non-safety related switch yard into the next shift and then left work to begin vacation. | While the number of waivers continues to decrease, inadequate tracking and updating of the actual hours worked in the work hour tracking database has resulted in personnel violating the 54 hour average and 7 day limits without having a waiver in place. | The inappropriate tracking of non-covered work hours documented in the 2014 Annual Fatigue Reporting Form did not recur in 2015. However, non-covered workers entering or returning to fatigue rule covered worker status are documented as exceeding the work hour limits and restricted until the violation is cleared. One instance was of two senior reactor operators returning to covered work after assigned to pre-outage planning assignments. The other was of four contractor electrical workers that were seconded to electrical maintenance and had to be restricted from covered work until the 54 hour average limit was not violated. | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                          | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Conclusions                                                                                                                                                                                                                                                                                               | Summary and Status of Corrective Actions                                                   | General Comments (optional) |
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|            |                                      |         |                                                                                           | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                           |                                                                                            |                             |
| 15         | <a href="#">ML16061A129</a>          |         | Seabrook Station Fitness-for-Duty Program Performance Data Report. (8 page(s), 2/25/2016) | 1                            | 0                                    | 0.0              | 0.0                                     | No waivers were required in 2015.  | Eight fatigue assessments were conducted in 2015. 1) A "self-declaration" fatigue assessment for a covered Security officer working online hours. The worker was determined to be impaired and given 10 hours off. 2) A "for cause" fatigue assessment for a covered Security officer working online hours. The worker was determined to be impaired and given 10 hours off. 3) A "for cause" fatigue assessment for a covered Operations worker working online hours. The worker was found not to be impaired due to fatigue. 4) A "for cause" fatigue assessment for a covered Chemistry worker working outage hours. The worker was found not to be impaired due to fatigue. 5) A "for cause" fatigue assessment for a noncovered worker working outage hours. The worker was found not to be impaired due to fatigue. 6) A "post-event" fatigue assessment for a covered maintenance worker working outage hours. The worker was found not to be impaired due to fatigue. 7) A "post-event" fatigue assessment for a covered maintenance worker working outage hours. The worker was found not to be impaired due to fatigue. 8) A "follow-up" fatigue assessment for a covered Security officer working outage hours. The worker was found not to be impaired due to fatigue. | No waivers were required in 2015. Eight fatigue assessments were conducted in 2015. Three assessments were conducted while the plant was online and five conducted during the refueling outage. Of the eight fatigue assessments, only two workers were determined to be impaired and given 10 hours off. | No corrective actions are required based on the review of waivers and fatigue assessments. | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                         | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                            | Analysis of Fatigue Assessment Data                                                                                                                                                                                                   | Conclusions                                                                                                                                                                                                                                                                                                                                                                                       | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | General Comments (optional) |
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|            |                                      |         |                                                                                          | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |
| 16         | <a href="#">ML16057A840</a>          |         | Susquehanna [50-387; 50-388], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016) | 1                            | 0                                    | 1.0              | 0.0                                     | One (1) waiver was reported to Susquehanna Nuclear LLC's Security Access and FFD Program in 2015 by Operations. The waiver identified the limit of exceeding minimum day off requirements on the operating unit of 2.5 required days of for a 12 hour worker. | A total of thirteen (13) fatigue assessments were completed by Susquehanna Nuclear LLC in 2015. One (1) fatigue assessment was completed as a result of a waiver, and twelve (12) fatigue assessments were completed for post events. | The one (1) fatigue assessment completed in reference to waivers at Susquehanna Nuclear LLC in 2015 concluded no restrictions were required. The assessor found no fatigue impairment or circadian degradations in alertness and performance, and had reasonable assurance of safe and competent work performance. The individual was permitted to perform covered work without any restrictions. | As methods to improve the Fatigue Management Program at Susquehanna Nuclear LLC, our station has participated in two cause evaluations for the less than adequate implementation of the program, a focused self-assessment on the Fatigue Program, and a Susquehanna Nuclear Oversight (NOS) audit in 2015. Susquehanna Nuclear LLC has implemented several changes to enhance the program after the evaluations, assessment and audit were completed to prevent exceeding work hour limits and increase program oversight. Susquehanna has increased the frequency of the mandated review of fatigue data from annually to quarterly to provide additional oversight of the program. A Fatigue Coordinator has been appointed to coordinate the direct oversight of the program for the station. The station procedure for work hour limits has been revised for procedure clarity and alignment. Additional training is being pursued for covered work group Supervisors, fatigue software data entry owners and all employees and contractors granted unescorted access to Susquehanna Nuclear LLC. | 0                           |
| 17         | <a href="#">ML16057A802</a>          | 1       | Three Mile Island [50-289], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)   | 1                            | 0                                    | 18.0             | 10.0                                    | No adverse trends were noted.                                                                                                                                                                                                                                 | No adverse trends were noted.                                                                                                                                                                                                         | In general, fatigue assessment and waiver performance was satisfactory; however, six violations of work hour rules (WHR) did occur. A maintenance I&C technician violated the 10-hour break, 26 work hours in any 48-hour period, and 72 work hours in any 7-day period rules on two separate days.                                                                                               | IR 2502644 - WHR Violation Air Travel Time not used for craft WHR calculation. A Three Mile Island (TMI) maintenance I&C technician traveling to support the Clinton Power Station outage did not include airplane travel time in his schedule for travel days on 4/26/15 and 5/17/15, resulting in six WHR violations when air travel time was factored into his WHR calculation upon returning to TMI. Maintenance performed a work group evaluation to prevent re-occurrence that includes a recommendation to enhance procedural guidance for air travel time calculations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                           |



| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                                                                               | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                         | General Comments (optional) |
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|            |                                      |         |                                                                                                                                                                | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                             |
| 18         | <a href="#">ML16060A519</a>          | 1       | Browns Ferry, Units 1, 2, and 3 NRC FFD Program Performance Data Reporting System, 10 CFR Part 26, Subpart I Managing Fatigue for 2015. (1 page(s), 2/29/2016) | 1                            | 0                                    | 16.0             | 0.0                                     | Sixteen waivers total were issued during 2015. Two waivers were issued to Plant Operations employees due to lack of duty relief (call in due to illness). These two employees were granted a waiver for less than one full shift. Ten waivers were issued to Nuclear Security Officers. This was an isolated event due to inclement weather. Four waivers were issued to Radiation Protection Employees. This was an isolated event due to inclement weather. No employee was issued more than one waiver during 2015. All waivers were issued in full compliance with TVA fatigue management and fitness for duty procedure and were approved by the Site Vice-President or designee. | All fatigue assessment conducted have been reviewed and were in compliance with TVA fatigue management and fitness for duty procedure. No trends were identified based on the documentation of fatigue assessments.                                                                                                                                                                                                                                                                                                                                                               | It is concluded that during 2015 the work hour limits waiver program is in compliance with TVA procedure and is used only as a last resort to ensure adequate staffing and manpower during isolated events.                                                                                                                                                                                                                                                | All work hour limit waivers and fatigue assessments have been adequately documented in the TVA corrective action program database and have been resolved by normal procedure.                                                                                                                                                    | 0                           |
| 19         | <a href="#">ML16054A074</a>          | 1       | Brunswick [50-325; 50-324], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                                         | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                | 0                           |
| 20         | <a href="#">ML16054A097</a>          | 1       | Catawba [50-413; 50-414], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                                           | 1                            | 0                                    | 23.0             | 0.0                                     | All the waivers processed at Catawba Nuclear site were for conditions adverse to safety.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fatigue was not determined to be a factor in any Fatigue Assessment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Catawba Nuclear site has adequate staffing and controls in place to prevent fatigue.                                                                                                                                                                                                                                                                                                                                                                       | The program is healthy and no additional corrective actions are required.                                                                                                                                                                                                                                                        | 0                           |
| 21         | <a href="#">ML16060A289</a>          | 1       | Joseph M. Farley [50-348; 50-364], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                                                  | 1                            | 0                                    | 0.0              | 0.0                                     | During 2015, no waivers were issued during this reporting period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | During 2015, five Post Event Fatigue assessments were performed on one operations employee and four contractors. One Fatigue assessment was conducted due to an OSHA recordable injury on a contractor. Two Fatigue assessments were conducted on contractors due to vehicles contacting equipment in the plant. One Fatigue assessment was conducted on a contractor due to the employee suffering a non-OSHA recordable injury while working in the plant. One Fatigue assessment was conducted on a operations employee due to and employee suffering an injury on plant site. | The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to Subpart I performed with no waivers required during 2015. There were five work-hour rule violations during the year. There was one For Cause case identified during 2015 and one OSHA recordable injury, which required Post-Event fatigue assessment. Issues were addressed through the Corrective Action program. | Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investigated in the Corrective Action Program. | 0                           |
| 22         | <a href="#">ML16054A121</a>          | 1       | Shearon Harris [50-400], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                                            | 1                            | 0                                    | 16.0             | 0.0                                     | Shearon Harris waivers were all for Conditions Adverse to Safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fatigue was not determined to be a factor for any Fatigue Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Shearon Harris has adequate staffing and controls in place to prevent fatigue.                                                                                                                                                                                                                                                                                                                                                                             | The program is healthy and no additional corrective actions are required.                                                                                                                                                                                                                                                        | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                                                          | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                        | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                     | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | General Comments (optional) |
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|            |                                      |         |                                                                                                                                           | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |
| 23         | <a href="#">ML16060A501</a>          | 1       | E.I. Hatch [50-321; 50-366], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                                   | 1                            | 0                                    | 2.0              | 0.0                                     | During 2015, 2 waivers were issued for work during non-outage periods. Both waivers were for exceeding the 72 hours worked in a 7 day period. One waiver was issued in Operations and one waiver was issued in Radiation Protection. No issues with fatigue were noted during the waiver process.                                                                                                                                                                                                                                                                                                                      | During 2015, three Post Event Fatigue assessments were performed on one on security, one on operations and one I&C technician. Two of the fatigue assessments were conducted due to OSHA recordable injuries. One of the fatigue assessments was conducted due to a non-OSHA recordable injury. Two fatigue assessments were also conducted due to waivers issued at site. | The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to Subpart I performed with only two waivers required during 2015. There were three work-hour rule violations during the year and two OSHA recordable injuries, which required Post-Event fatigue assessments. Issues were addressed through the Corrective Action program. | Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investigated in the Corrective Action Program. Two post event tests were conducted without fatigue assessments, one due to an injury discovered a month after the actual injury occurred. It was determined that a fatigue assessment was not required due to the injury not being OSHA recordable. A second test was conducted on an OCA badged person and a fatigue assessment was not conducted due to the person not being subject to 10 CFR 26. | 0                           |
| 24         | <a href="#">ML16054A140</a>          | 1       | McGuire [50-369; 50-370], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                      | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                           |
| 25         | <a href="#">ML16054A675</a>          | 1       | North Anna [50-338; 50-339], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                   | 1                            | 0                                    | 0.0              | 0.0                                     | No waivers issued in 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | There were five fatigue assessments conducted under "Post-Event" conditions. None of the events found impairment as a result of fatigue. No fatigue assessments were conducted as a result of waiver.                                                                                                                                                                      | N/A                                                                                                                                                                                                                                                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                           |
| 26         | <a href="#">ML16054A161</a>          | 1       | Oconee [50-269; 50-270; 50-287], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                               | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                           |
| 27         | <a href="#">ML16054A176</a>          | 1       | H.B. Robinson [50-261], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                        | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                           |
| 28         | <a href="#">ML16055A118</a>          | 1       | St. Lucie, Units 1 and 2 Annual Fitness-For-Duty Program Report for Period of January 1 through December 31, 2015. (6 page(s), 2/19/2016) | 1                            | 0                                    | 10.0             | 2.0                                     | There were (12) twelve waivers performed in 2015. Two of the waivers involved the emergent replacement of Unit 2 "Safety Related" Class "A" Valves V3525 and V3527. Three of the waivers provided support for Unit1 Main Feedwater Isolation Valve (MFIV) Repair and (7) seven were in support of the 2A emergency diesel generator (EDG) critical maintenance management ICMM) activities. The waivers were associated with work hour controls greater than 72 hours in a 7 day period, and less than a day off for 7day period, greater than 16 hours in any 24 hour period and greater than 72 hours in any 7 days. | Eight online fatigue assessments were conducted in 2015: Seven workers were assessed "For-Cause" (1) Engineering, (5) Contractor workers, and one (1) Maintenance worker: all were determined not to be impaired and continued to work. One badged worker was assessed for Post Event and was determined not to be impaired, and continued to work.                        | There were a total of twelve (12) waivers issued in 2015. The waivers were not required for safety or security reasons but were required to perform maintenance on safety rated components to ensure safe and reliable operations of the nuclear units.                                                                                                                                                         | There were no corrective actions taken in response to the use of waivers and conduct of fatigue assessments in 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                                                                       | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                             | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Conclusions                                                                                                                                                                                                                                                                                             | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                   | General Comments (optional) |
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|            |                                      |         |                                                                                                                                                        | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
| 29         | <a href="#">ML16060A520</a>          | 1       | Sequoyah, Units 1 and 2 NRC FFD Program Performance Data Reporting System, 10 CFR Part 26, Subpart I Managing Fatigue for 2015. (1 page(s), 2/29/2016) | 1                            | 0                                    | 0.0              | 0.0                                     | There were no waivers processed at Sequoyah Nuclear Plant during calendar year 2015                                                                                                                                                                                                                                                            | Sequoyah had a total of 33 Post-Event, 2 For Cause, and 0 Self-Declaration fatigue assessments performed during 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Based on the review of this data there are no concerns with the Fatigue Management program.                                                                                                                                                                                                             | There were no adverse or declining trends identified during the analysis of this data.                                                                                                                                                                                                                                                                                                                                                                                     | 0                           |
| 30         | <a href="#">ML16056A486</a>          | 1       | V.C. Summer Unit 1[50-395], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016)                                                                 | 1                            | 0                                    | 6.0              | 0.0                                     | Waivers were used to support a return to service of XEG00001A-EG documented in CR-15-01140. This equipment is part of the Emergency Shutdown Equipment (E00S Testing). The second condition report is CR-15-01095 for the same equipment for different individuals. The approver was the MDS (Don Shue). Waivers are rarely used to VC Summer. | No individual was determined unable to perform work under the associated waivers. CR-15-01095 identifies other individuals that were evaluated, but the waiver was not utilized to complete work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VC Summer Unit 1 continues to limit the usage of waivers.                                                                                                                                                                                                                                               | The nature of the single isolated triggering event does not provide an opportunities or necessity to adjust practices. The associated corrective action is closed according to site procedures.                                                                                                                                                                                                                                                                            | 0                           |
| 31         | <a href="#">ML16054A674</a>          | 1       | Surry [50-280; 50-281], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)                                                                     | 1                            | 0                                    | 0.0              | 0.0                                     | No waivers were submitted in 2015                                                                                                                                                                                                                                                                                                              | Minor issues concerning initial documentation of Fatigue Assessments were addressed in CR 1023950. However, a review of completed Fatigue Assessments concluded that Fatigue Assessments were adequately performed and followed up in the corrective action program (See summary below). Five Fatigue Assessment reports were submitted in 2015. Four of the five were "Post-Event" and one was "For Cause." One of the five Fatigue Assessments reported in 2015 (For-Cause) was determined to be possibly fatigue related, but not related to excessive work hours. After the FFD assessment, the individual's employment was terminated for reasons other than fatigue. | Fatigue Assessments were adequately performed, and no waivers were required. Fatigue was not a contributor to any event at Surry Power Station in 2015. The ability of individuals to perform duties safely and maintain the health and safety of the public was not affected by worker fatigue in 2015 | Minor issues concerning documentation of Fatigue Assessments were addressed in CR1023950. Human performance and/or process issues and Training Needs Analysis will be evaluated in response to CR 1023950, CR1016922, CR1018050, CR5722466 were written in response to the five Fatigue Assessment reports submitted in 2015. Fatigue was not a finding associated with any event in 2015. Therefore, non of the CR's required actions associated with fatigue management. | 0                           |
| 32         | <a href="#">ML16109A159</a>          | 1       | Turkey Point, Units 3 and 4 2015 Annual Fitness for Duty Performance Report. (7 page(s), 2/23/2016)                                                    | 1                            | 0                                    | 0.0              | 0.0                                     | No waivers were issued in 2015.                                                                                                                                                                                                                                                                                                                | Five fatigue assessments were performed during 2015. Four fatigue assessments were performed for-cause due to observed behavior. Two for-cause evaluations were for non-covered employees and the other two employees were covered workers; however, the for-cause evaluations were performed prior to coming into work. One fatigue assessment was performed post-event after a fork-lift event. The employee was not a covered worker. All five fatigue assessments determined the employees were not fatigued; therefore, there were no corrective actions required as a result of the fatigue assessments.                                                             | 0 No corrective actions required.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                                                                 | Summary of Corrective Action(s)** |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                        | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                     | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | General Comments (optional) |
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|            |                                      |         |                                                                                                                                                  | Comments (Yes=1, No=0)            | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| 33         | <a href="#">ML16060A299</a>          | 1       | Vogtle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                                | 1                                 | 0                                    | 2.0              | 0.0                                     | During 2015, 2 waivers were issued for work during non-outage periods. Both waivers were for exceeding the 72 hours worked in a 7 day period. One waiver was issued in Operations and one waiver was issued in Radiation Protection. No issues with fatigue were noted during the waiver process. | During 2015, three Post Event Fatigue assessments were performed on one on security, one on operations and one I&C technician. Two of the fatigue assessments were conducted due to OSHA recordable injuries. One of the fatigue assessments was conducted due to a non-OSHA recordable injury. Two fatigue assessments were also conducted due to waivers issued at site. | The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to Subpart I performed with only two waivers required during 2015. There were three work-hour rule violations during the year and two OSHA recordable injuries, which required Post-Event fatigue assessments. Issues were addressed through the Corrective Action program. | Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investigated in the Corrective Action Program. Two post event tests were conducted without fatigue assessments, one due to an injury discovered a month after the actual injury occurred. It was determined that a fatigue assessment was not required due to the injury not be OSHA recordable. A second test was conducted on an OCA badged person and a fatigue assessment was not conducted due to the person not being subject to 10 CFR 26. | 0                           |
| 34         | <a href="#">ML16060A300</a>          | 1       | Vogtle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                                                | 1                                 | 0                                    | 0.0              | 0.0                                     | During 2015, no waivers were issued during this reporting period.                                                                                                                                                                                                                                 | During 2015, six Fatigue assessments were performed. One was performed on a security officer due to an injury. Three were performed on a maintenance person due to an injury. One was OSHA recordable two were not. One was performed in operations for a person inattentive at duty. One was performed in RP for a person inattentive at duty.                            | The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to Subpart I performed with no waivers required during 2015.                                                                                                                                                                                                                | Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investigated in the Corrective Action Program.                                                                                                                                                                                                                                                                                                                                                                                                    | None.                       |
| 35         | <a href="#">ML16060A521</a>          | 1       | Watts Bar, Unit 1 NRC FFD Program Performance Data Reporting System, 10 CFR Part 26, Subpart I Managing Fatigue for 2015. (1 page(s), 2/29/2016) | 0                                 | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                           |
| 36         | <a href="#">ML16057A790</a>          | 1       | Braidwood [50-456; 50-457], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)                                                           | 1                                 | 0                                    | 3.0              | 3.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                              | Fatigue management performance was satisfactory.                                                                                                                                                                                                                                                                                                                                                                | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                           |
| 37         | <a href="#">ML16057A791</a>          | 1       | Byron [50-454; 50-455], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)                                                               | 1                                 | 0                                    | 4.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                              | In general, fatigue assessment and waiver performance was satisfactory; however, two violations of a work hour limit did occur. An operator violated the 26 work hours in any 48-hour period and 72 work hours in any 7-day period rules.                                                                                                                                                                       | IR 2511988 - Operations WHR Violations. The individuals involved have been performance managed. Operations performed a work group evaluation to prevent re-occurrence. A site communication was completed on 6/9/15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                           |
| 38         | <a href="#">ML16057A793</a>          | 1       | Clinton [50-461], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)                                                                     | 1                                 | 0                                    | 0.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                              | Fatigue management performance was satisfactory.                                                                                                                                                                                                                                                                                                                                                                | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                     | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                      | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Conclusions                                                                                                                                         | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                | General Comments (optional) |
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|            |                                      |         |                                                                                      | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| 39         | <a href="#">ML16028A238</a>          | 1       | DC Cook [50-315; 50-316], Annual Fatigue Report Form for 2015 (1 page(s), 1/28/2016) | 0                            | 0                                    | 0.0              | 0.0                                     | Cook did not issue any waivers for working hour limits in 2015. No assessment data required.            | Cook issues nineteen fatigue assessments in 2015: 6 For-Cause and 13 Post-Event. There were no instances where self-declaration of fatigue was documented. There were no instances identified where the assessment identified that a worker was fatigued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cook has adequate staffing and controls in place to prevent fatigue.                                                                                | No corrective actions identified.                                                                                                                                                                                                                                                                                                                                                                       | 0                           |
| 40         | <a href="#">ML16049A429</a>          | 1       | Davis-Besse [50-346], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)     | 0                            | 0                                    | 0.0              | 0.0                                     | No waivers were issued in 2015.                                                                         | Post Event and For Cause fatigue assessments were performed. No additional fatigue issues were identified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | There were no indications of inadequate staffing.                                                                                                   | The Corrective Action Program is being appropriately used to identify, document, and resolve deficiencies and non-compliances. All instances where covered workers inadvertently exceeded the work hour limits were captured in the corrective action program. Individuals who exceed work hour limits are coached on the importance of rigor to ensure compliance with the fatigue management program. | 0                           |
| 41         | <a href="#">ML16057A794</a>          | 1       | Dresden [50-237; 50-249], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016) | 1                            | 0                                    | 22.0             | 1.0                                     | Eight individuals out of ten total individuals received waivers due to a winter storm on 2/1/15-2/2/15. | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fatigue management performance was satisfactory.                                                                                                    | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                    | 0                           |
| 43         | <a href="#">ML16057A283</a>          | 1       | Fermi 2 [50-341], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)         | 1                            | 0                                    | 0.0              | 0.0                                     | No waivers were issued at Fermi 2 during 2015.                                                          | There were 5 Assessments performed during 2015. 4 Post events and 1 For cause. Each one has the detail about the assessment. These were all performed during our refuel outage RF17. 1- Post Event - Fatigue Assessment results were "Oversight Recommended". Worker returned to work with no restrictions. 2- Post Event - Fatigue Assessment results were "Oversight Recommended". Worker returned to work with no restrictions. 3- Post Event - Fatigue Assessment results were "Oversight Recommended". Worker returned to work with no restrictions. 4- Post Event - Fatigue Assessment results were "Oversight Recommended". Worker returned to work with no restrictions 5- For Cause - Maintenance worker employee was found to have acute fatigue. No further work was allowed and employee was instructed to have a break of at least 10 hours and expected to obtain 8 hours of restorative sleep/rest. Employee refused to find another means of transportation by signing transportation waiver and drove himself home. | Fermi 2 continues to follow the rules set forth in 10CFR26 subpart I with discrepancy's identified and entered into the Corrective Action Program . | There are currently Corrective Actions in progress to better the Fatigue Management and Work Hour Limits Program at Fermi 2. - Looking at implementing a flagging point in the software we use for the 60 day outage rule. - Getting better at conducting Fatigue Assessments for Post Events.                                                                                                          | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                     | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                                                        | Analysis of Fatigue Assessment Data                                                                                                                                                                                                  | Conclusions                                                                                                                                                                                                                        | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | General Comments (optional) |
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|            |                                      |         |                                                                                      | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
| 44         | <a href="#">ML16054A643</a>          | 1       | Kewaunee [50-305], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)        | 0                            | 0                                    | 0.0              | 0.0                                     | No waivers filed at Kewaunee in 2015                                                                                                                                                                                                                                                                                                                                      | Data indicated there were no problems identified in maintaining control of work hours consistent with the specific requirements of 10 CFR 26, subpart I. There were six Fatigue Assessments submitted in 2015, all for "Post Event." | It is concluded that Kewaunee complies with the requirements of 10 CFR 26, subpart I. Fatigue Assessments are being conducted as required and at the appropriate level. In all cases, fatigue was found to not be a factor.        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                           |
| 45         | <a href="#">ML16057A795</a>          | 1       | LaSalle [50-373; 50-374], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016) | 1                            | 0                                    | 8.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                             | No adverse trends were noted.                                                                                                                                                                                                        | Fatigue management performance was satisfactory.                                                                                                                                                                                   | No significant corrective actions for fatigue management were identified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                           |
| 46         | <a href="#">ML16049A566</a>          | 1       | Monticello [50-263], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)      | 1                            | 0                                    | 0.0              | 0.0                                     | No waivers issued or requested for the reporting period. Emergent issues were resolved by available staffing and did not require waivers to resolve.                                                                                                                                                                                                                      | Three Fatigue Assessments were conducted for the period not related to waivers for the reporting period. 1 For Cause, 2 Post Event. No fatigue concerns were identified at the time of the assessments.                              | For the period in question station personnel met their Fitness for Duty requirements as specified under the Fatigue Management Rules in 10CFR26 and there were no significant challenges to the program raised by emergent issues. | Corrective actions written relevant to Fatigue Management Program identified no programmatic concerns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                           |
| 47         | <a href="#">ML16048A344</a>          | 1       | Palisades Annual Fatigue Reporting Form 2015. (1 page(s), 2/10/2016)                 | 1                            | 1                                    | 0.0              | 13.0                                    | The review did not identify any issues associated with the number and circumstances of condition adverse to safety or security associated with the initiation and authorization of waivers. All waivers initiated in 2015 were during refueling outage 1R24. The waivers initiated were in accordance with NRC regulatory requirements and followed the process outlined. | Three post-event fatigue assessments were completed with no issues identified.                                                                                                                                                       | No issues were identified. No enhancement/improvement items are recommended.                                                                                                                                                       | Performed search for condition reports related to issues with fatigue rule implementation, e.g., software, procedure, training, and work schedules. CR-PLP-2015-5091 was initiated due to a waiver not containing an expiration date. The condition was NRC identified. Waiver was updated. CR-PLP-2015-3982 was initiated due to PQ&S not identifying/flagging a violation of work hours. Time off was given to the affected individuals and no violation occurred. CR-PLP-2015-5254 was initiated due to maintenance groups are not consistently meeting the requirements of the Fatigue Management Program. Specifically, not validating the schedule worked in a timely manner, within 14 days per procedural requirements. Reinforcement to follow procedural requirements was provided to affected supervisors. CR-PLP-2015-4120 and 4867 were initiated due to covered workers exceeding work hour limits while performing non-covered work. Human Performance Evaluations were completed. No other issues identified. | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                  | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                        | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                               | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                | General Comments (optional) |
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|            |                                      |         |                                                                                                   | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| 48         | <a href="#">ML16049A437</a>          | 1       | Perry [50-440], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)                        | 1                            | 0                                    | 6.0              | 0.0                                     | Three (3) maintenance employees were granted six (6) waivers on one (1) occasion to prevent a challenge to site safety due to emergent plant issues.                                                                                      | Post Event and For Cause fatigue assessments were performed. Two (2) Self Declarations were made and both employees were relieved. No additional fatigue issues were identified.                                                                                                                                                                                                                                                                                                                                                                                                    | There were no indications of inadequate staffing.                                                                                                                                                                                                                                                                                                                                                                         | The Corrective Action Program is being appropriately used to identify, document, and resolve deficiencies and non-compliances. All instances where covered workers inadvertently exceeded the work hour limits were captured in the corrective action program. Individuals who exceed work hour limits are coached on the importance of rigor to ensure compliance with the fatigue management program. | 0                           |
| 49         | <a href="#">ML16040A180</a>          | 1       | Point Beach [50-266; 50-301], Annual Fatigue Report Form for 2015 (1 page(s), 2/9/2016)           | 1                            | 0                                    | 0.0              | 0.0                                     | There were no waivers utilized in 2015                                                                                                                                                                                                    | There was 1 fatigue assessment performed in 2015. 1. For Cause (Non-Outage) - A Maintenance individual was cleaning a walk path in the winter and backed the vehicle into a light pole. The individual was found not to be fatigued and after receipt of negative results of "for cause testing" was returned to work                                                                                                                                                                                                                                                               | There were no waivers utilized and one fatigue assessment in 2015. The "for cause" fatigue assessment did not find the individual fatigued.                                                                                                                                                                                                                                                                               | There were no corrective actions required based on the use of waivers or fatigue assessments.                                                                                                                                                                                                                                                                                                           | 0                           |
| 50         | <a href="#">ML16049A571</a>          | 1       | Prairie Island [50-282; 50-306], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)       | 1                            | 0                                    | 4.0              | 0.0                                     | Two Fatigue Assessments were written in support of the waivers issued during the evaluation period in response to two events in which staffing challenges resulted in the need for waivers to meet shift minimum compliment for security. | 15 assessments were performed during 2015 for non waiver events. Of those assessments 12 were considered For Cause, 2 Post Event, and 1 was a Follow up. During one incident in which an assessment was performed it was identified that there was a fatigue concern at the time of the assessment, the worker was removed from duty and controls and conditions put in place. A separate incident identified four individuals in which a contributing factor to the state of inattentiveness as a cultural difference from their country of origin as they were foreign nationals. | For the period in question the majority of station personnel met their Fitness for Duty requirements as specified under the Fatigue Management Rules in 10CFR26 and there were no significant challenges to the program raised by emergent issues.                                                                                                                                                                        | Corrective actions written relevant to Fatigue Management Program identified no programmatic concerns.                                                                                                                                                                                                                                                                                                  | 0                           |
| 51         | <a href="#">ML16057A800</a>          | 1       | Quad Cities [50-254; 50-265], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)          | 1                            | 0                                    | 0.0              | 0.0                                     | No adverse trends were noted.                                                                                                                                                                                                             | No adverse trends were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fatigue management performance was satisfactory.                                                                                                                                                                                                                                                                                                                                                                          | No significant corrective actions for fatigue management were noted.                                                                                                                                                                                                                                                                                                                                    | 0                           |
| 52         | <a href="#">ML16056A229</a>          | 1       | Arkansas Nuclear One [50-313; 50-368], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016) | 1                            | 0                                    | 1.0              | 0.0                                     | An analysis of waiver assessments was performed and determined to be appropriate. No additional corrective actions were identified.                                                                                                       | A review of fatigue assessments was performed and no additional corrective actions were identified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The Fatigue Management Program at ANO is effective. The annual review of the effectiveness of the control of work hours for covered individuals required by 10 CFR 26.205(e) and 26.211(g) did not note any new deficiencies. Appropriate corrective actions have been taken for previously identified concerns with programs and processes. No additional corrective actions were identified as a result of this review. | No additional corrective actions were identified as a result of this review.                                                                                                                                                                                                                                                                                                                            | 0                           |
| 53         | <a href="#">ML16034A157</a>          | 1       | Callaway [50-483], Annual Fatigue Report Form for 2015 (1 page(s), 2/3/2016)                      | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                       | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                           | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                        | Analysis of Fatigue Assessment Data                                                                                            | Conclusions                                                                                                                                                                                                  | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                             | General Comments (optional) |
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|            |                                      |         |                                                                                            | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| 55         | <a href="#">ML16041A536</a>          | 1       | Columbia [50-397], Annual Fatigue Report Form for 2015 (1 page(s), 2/10/2016)              | 1                            | 0                                    | 4.0              | 0.0                                     | Columbia Generating Station issued four waivers in 2015. The waivers were necessary to prevent a forced reactor shutdown during the spent Fuel Pool Cooling Modification. | One Fatigue Assessment performed post event. Assessment resulted in no restrictions.                                           | Columbia Generating Station issued four waivers and conducted one fatigue assessments for the year 2015.                                                                                                     | CR 330186 Post Event Fatigue Assessment. CR 321491 Waiver to Support Fuel Pool Cooling Modification. CR 321492 Waiver to Support Fuel Pool Cooling Modification. CR 321494 Waiver to Support Fuel Pool Cooling Modification. CR 321496 Waiver to Support Fuel Pool Cooling Modification.                                                                                                                                                             | 0                           |
| 56         | <a href="#">ML16056A661</a>          | 1       | Comanche Peak [50-445; 50-446], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016) | 1                            | 1                                    | 0.0              | 0.0                                     | No waivers of work hour rules were issued in 2015.                                                                                                                        | Two (2) fatigue assessments were accomplished in 2015. Both were conducted in concert with For-Cause drug and alcohol testing. | he program continues to be successful in monitoring for fatigue and tracking work hours for covered employees. Performance issues and resolution are documented in the site corrective action program (CAP). | During 2015, six (6) work hour rule violations occurred and were entered into the corrective action program (CAP). The violations consisted of a failure to meet the 10 hour turnaround requirement x2, a failure to meet the 72 in 168 work hour rule, a failure to meet the minimum days off (MDO) requirement, a non-covered worker working on safety related equipment, and a non-covered individual directing work on safety related equipment. | 0                           |



| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                            | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                     | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General Comments (optional) |
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|            |                                      |         |                                                                             | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| 57         | <a href="#">ML16043A010</a>          |         | Cooper [50-298], Annual Fatigue Report Form for 2015 (1 page(s), 2/12/2016) | 1                            | 0                                    | 10.0             | 0.0                                     | Waivers were approved for five individuals, involving a total of ten work hour requirements. Of these, three were Maintenance individuals who required waivers to allow them to provide support in response to a motor control center feeder breaker trip (unplanned power change). These three waivers resulted in violation of seven work hour controls. Two waivers were approved for Operations individuals who were necessary to meet minimum manning shift staffing requirements. These two waivers resulted in violation of three work hour controls. The use of waivers was appropriate for the circumstances for which they were granted. | There were seven fatigue assessments performed during 2015; one performed post-event, one performed for-cause, and five performed for waivers. All seven of the fatigue assessments were passed with no restrictions. The conduct of fatigue assessments was effective. | The annual review concluded that the Fatigue Management Program at Cooper Nuclear Station (CNS) is being effectively implemented. CNS is appropriately managing the work schedules of covered workers to comply with 10CFR26 and Station Procedure 0.12. Staffing is adequate such that employees are not fatigued or required to work excessive amounts of overtime. There were three instances of unapproved work hour violations in 2015 that were addressed in the Corrective Action Program (CAP). One violation was for exceeding >26 hours in a 48 hour period (26.5 hours), when a Security Officer went to a doctor's appointment and was not entered into TimeWay prior to working his scheduled night shift. Two violations were identified for not providing a 34 hour break in a 9 day period, when an Operations individual worked additional hours beyond what was scheduled in TimeWay. If recognized in advance, measures could have been taken to prevent the violations. Neither instance would have warranted a waiver. | CAP is being appropriately used to identify and resolve issues related to implementation of the fatigue management program. CNS initiated thirteen condition reports in 2015 related to the fatigue management program, all of which were binned as administrative. Two of the Condition Reports were identified as a result of a Quality Assurance (QA) audit and resulted in the identification of issues affecting the previous year's data. 1) In 2014 it was identified that TimeWay was not performing 54-hour calculations in the manner specified in Procedure 0.12. In 2015, a QA audit identified that there was no documentation to support an extent of condition review for the 2014 issue. When performed, the extent of condition review identified 12 additional timecards that would have been reported as a violation had TimeWay been attributing the hours to the calendar day as specified in Procedure 0.12. The calculation method that TimeWay was using is allowed by NEI 06-11, Rev. 1 with Addendum, but is not the method that CNS chose to implement per procedure. TimeWay was modified in 2014 to calculate in accordance with the method specified in Procedure 0.12. 2) Also during the extent of condition review, an instance was identified where a 2014 timecard had a weekly hour calculation that was much lower than expected. Investigation by the TimeWay vendor determined the invalid weekly value was most likely caused by the timecard being edited on the same day the vendor was making another change that affected the weekly work hours field. When corrected, this caused three subsequent timecards to report 54-hr | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                           | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                           | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | General Comments (optional) |
|------------|--------------------------------------|---------|--------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|            |                                      |         |                                                                                            | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
| 58         | <a href="#">ML16049A409</a>          | 1       | Diablo Canyon [50-275; 50-323], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016) | 1                            | 1                                    | 0.0              | 0.0                                     | No waivers issued in 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Only 1 fatigue assessment was conducted this year, and it was conducted correctly as prescribed in 10 CFR Part 26 and station procedures.                                                                                                                                                                                                                                                                                                                     | No waivers issued in 2015. The station did have 29 FMR violations in 2015. Twenty-eight of the violations ( 16 MDO outage and 12 72/168 ) spread over six individuals occurred during one single time period during the outage from a single group of contractors. The contractor was not tracking the individuals in the Workforce tracking software. An Apparent Cause Evaluation was completed on this through the corrective action program. The last violation was by a security supervisor the was had training during his days off, then was called in to work a day off. This occurred on the same week as a company holiday that auto populated that day as a day off in error masking the violation. as a result, all covered employees now have holidays posted as work days by default. | Of the 29 violations that occurred, 28 were in the maintenance department and captured in the corrective action program and was documented in an apparent cause investigation. The last violation was in security and was also captured in the corrective action program..                                                                                                                                                                                                                                                            | 0                           |
| 59         | <a href="#">ML16060A132</a>          | 1       | Fort Calhoun [50-285], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)          | 1                            | 1                                    | 0.0              | 0.0                                     | No waivers were issued in 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ten (10) fatigue assessments were performed in 2015. Two (2) for cause, one (1) self-declare, and seven (7) post event. None of the assessments identified a fatigue issue.                                                                                                                                                                                                                                                                                   | The station is adhering to the fatigue/work hour regulations. Work schedules have been appropriately monitored and reviewed to maintain adherence. No performance issues were noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Reviewed condition report system for the period of 1/1/2015 to 12/31/2015 to identify any issues and/or corrective actions pertaining to fatigue management and work hour rule. There were three (3) work hour rule violations all in the Operations area. Two of the violations involved contractors from another station supporting our outage. One violation occurred when a reactor operator worked more than 72 hours in a 168 hour period. Work group evaluations were performed and appropriate corrective actions were taken. | 0                           |
| 60         | <a href="#">ML16048A362</a>          | 1       | Grand Gulf [50-416], Annual Fatigue Report Form for 2015 (1 page(s), 2/17/2016)            | 1                            | 0                                    | 69.0             | 0.0                                     | The number of waivers given during the 2015 reporting period is acceptable. Operations and fire brigade waivers were given for personnel until a qualified replacement could relieve them of duties. The maintenance waivers were issued to personnel in order to appropriately respond to an emergent issue. The highest number of waivers granted by a group was the Security Department. These waivers were all granted to support the 2015 Force on Force Inspection drills. The Force on Force Inspection is very resource intensive for the Security Department, and drill lengths can vary. | There were a total of 6 fatigue assessment conducted by Grand Gulf Nuclear Station in the 2015 calendar year. These assessment were not repetitive concerns and no follow-up actions were required. Four fatigue assessments were performed 'post-event', one was performed 'for-cause', and one was performed for 'self declaration'. These fatigue assessments were conducted by the Operations, Maintenance Support, and Radiation Protection Departments. | The Fatigue Management Program at Grand Gulf Nuclear Station is determined to be effective. The hours worked by covered workers along with any rule violations or waivers are being monitored. Process deficiencies are being identified, documented, and corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                                 | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data                                                                                                                                                                                                                                                                                                          | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Conclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | General Comments (optional) |
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|            |                                      |         |                                                                                                  | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |
| 61         | <a href="#">ML16026A610</a>          | 1       | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015 (1 page(s), 1/26/2016)  | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 62         | <a href="#">ML16033A229</a>          | 1       | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015 (1 page(s), 2/2/2016)   | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 63         | <a href="#">ML16060A416</a>          | 1       | River Bend [50-458], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)                  | 1                            | 0                                    | 3.0              | 0.0                                     | There were three waivers granted during the assessment period at River Bend Station (RBS). A Condition report was entered into the corrective action program.                                                                                                                                                                               | During the previous calendar year there were two fatigue assessments conducted at River Bend Station (RBS). These were fatigue assessments performed for Post Event conditions. There were no For Cause, Self declaration, or Follow-up assessments performed or required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The Fatigue Management Program at RBS is effective in controlling the work hours of covered employees.                                                                                                                                                                                                                                                                                                                                                                                                                 | Condition reports were entered into the corrective action program for all fatigue assessments and the one waiver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 64         | <a href="#">ML16042A628</a>          | 1       | San Onofre [50-361; 50-362], Annual Fatigue Report Form for 2015 (1 page(s), 2/11/2016)          | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 65         | <a href="#">ML16048A474</a>          | 1       | South Texas Project [50-498; 50-499], Annual Fatigue Report Form for 2015 (1 page(s), 2/17/2016) | 0                            | 0                                    | 0.0              | 0.0                                     | 0                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           |
| 66         | <a href="#">ML16034A446</a>          | 1       | Waterford [50-382 ], Annual Fatigue Report Form for 2015 (1 page(s), 2/3/2016)                   | 1                            | 1                                    | 2.0              | 0.0                                     | 2 waivers were granted during this 2015 reporting period, both were on line and issued for Security Officers patrol and responder duties with normal security tasks. A review of individual work hour limit waiver records indicated this is a decrease from 12 waivers issued in the previous reporting period of 2014. [CR-W3-2015-01642] | The data indicated that there was one covered worker that exceeded an average of 54 hours per week in a shift cycle - this condition affected only one individual that was allowed to work 1 individual 12 hour shift when the worker should have been off. This Condition occurred due to a missed communication between the project superintendents. The worker averaged 55.67 hours and per EN-OM-123 "Fatigue Management Program section 5.9[10](a), upon discovery that one or more work hour limits were exceeded for any covered worker, while performing covered work, and the waiver process was not followed or an exception allowance does not apply, a CR for violation of NRC requirements shall be processed in accordance with CAP EN-LI-102. [CR-WF3-2015-06043]. One Fatigue assessment performed during 2015 concluded individual was not fatigued by his own assessment or his assessor (Post Event). | This fatigue management review concludes notable improvements were made in the control of work hours during the 2015 calendar year and particularly with the longer refueling outage that we recently came out of in December. Waterford 3 staffing levels are considered adequate for meeting Fatigue Rule requirements for avoiding fatigue. However, they were generally effective, primarily because individuals and managers effectively utilized the fatigue management program to identify symptoms of fatigue. | The Corrective Actions have been handled appropriately for the CR-WF3-2015-06043, which had become a Human Performance Evaluation (HUE) which after much work has now been closed. The CR mentioned here was for the 2 waivers CR-WF3-2015-01642, which indicated needing the waiver due to maintaining manning levels in accordance with the physical security plan. Personnel were impacted due to uncontrollable illness calls in that particular week. These Corrective actions have all been closed. Waterford 3 continues to ensure work hours and schedules are adhered to before working additional hours. | 0                           |

| Order Key* | Annual Fatigue Report Datasheet Link | Entered | AFR Report Title                                                                 | Summary of Corrective Action |                                      | Total Waivers*** |                                         | Analysis of Waiver Assessment Data  | Analysis of Fatigue Assessment Data                                                                                                                                                                                                                                                                                                                    | Conclusions                                                                                                                                                                                                                                                                                                                                            | Summary and Status of Corrective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General Comments (optional) |
|------------|--------------------------------------|---------|----------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------|-----------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|            |                                      |         |                                                                                  | Comments (Yes=1, No=0)       | Corrective Action(s)** (Yes=1, No=0) | Operating        | Outage (none were greater than 60 days) |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| 69         | <a href="#">ML16056A154</a>          | 1       | Wolf Creek [50-482 ], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016) | 1                            | 1                                    | 0.0              | 0.0                                     | No waivers were initiated for 2015. | Five (5) Fatigue Assessments were completed for 2015. All five (5) fatigue assessments were For-Cause. Actions taken were to place ACAD badge on hold pending drug & alcohol results. Fatigue Assessments were completed by procedure and by qualified fatigue assessors. All fatigue assessments were documented within the corrective action system. | Waivers: zero waivers were initiated for 2015. No correction action documents were initiated for waiver process or program improvements. Fatigue Assessments: The 2015 Fatigue Management Annual assessment did identify vaulting issues for two (2) fatigue assessments and those were corrected when found. . Reference condition report CR00102272. | The evaluation review period is 01-01-2015 through 12-31-2015. During this review period zero (0) waivers were performed and five (5) fatigue assessments were initiated. Condition reports were initiated for fatigue assessments within the corrective action program. The 2015 Fatigue Management Annual assessment performed a compliance and performance review of 2015 conditions reports that were initiated for the fatigue management program and no gaps or areas for improvement were identified. Reference quick hit assessment QH-2016-1228. | 0                           |
| 71         | <a href="#">ML16055A393</a>          | 1       | INPO [99901386], Annual Fatigue Report Form for 2015 (1 page(s), 2/24/2016)      | 1                            | 0                                    | 0.0              | 0.0                                     | N/A for INPO's Program              | N/A for INPO's Program                                                                                                                                                                                                                                                                                                                                 | N/A for INPO's Program                                                                                                                                                                                                                                                                                                                                 | N/A for INPO's Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                           |

AFR appears to have errors, see note in worksheet.

Notes:

## Comparison of Reported Total Waivers 2010 and 2015

| Facility*                            | Facility Name 2010   | AFR Title 2015                                                                       | Waivers**   |            |       | Entergy Facilities | 2010 NRC AFR |
|--------------------------------------|----------------------|--------------------------------------------------------------------------------------|-------------|------------|-------|--------------------|--------------|
|                                      |                      |                                                                                      | 2010***     | 2015       | Delta |                    |              |
| <b>Facility Maximum:</b>             |                      |                                                                                      | <b>1143</b> | <b>69</b>  |       |                    |              |
| <b>Total:</b>                        |                      |                                                                                      | <b>3800</b> | <b>336</b> |       |                    |              |
| Arkansas Nuclear 1 and 2             | Arkansas Nuclear One | Arkansas Nuclear One [50-313; 50-368], Annual Fatigue Report Form for 2015           | 1095        | 1          | -1094 | X                  | 1095         |
| Beaver Valley 1 and 2                | Beaver Valley        | Beaver Valley [50-334; 50-412], Annual Fatigue Report Form for 2015                  | 58          | 3          | -55   |                    |              |
| Braidwood 1 and 2                    | Braidwood            | Braidwood [50-456; 50-457], Annual Fatigue Report Form for 2015                      | 0           | 6          | 6     |                    |              |
| Browns Ferry 1, 2, and 3             | Browns Ferry         | Browns Ferry, Units 1, 2, and 3 NRC FFD Program Performance Report for 2015          | 1           | 16         | 15    |                    |              |
| Brunswick 1 and 2                    | Brunswick            | Brunswick [50-325; 50-324], Annual Fatigue Report Form for 2015                      | 3           | 0          | -3    |                    |              |
| Byron 1 and 2                        | Byron                | Byron [50-454; 50-455], Annual Fatigue Report Form for 2015                          | 5           | 4          | -1    |                    |              |
| Callaway                             | Callaway Plant       | Callaway [50-483], Annual Fatigue Report Form for 2015                               | 0           | 0          | 0     |                    |              |
| Calvert Cliffs 1 and 2               | Calvert Cliffs       | Calvert Cliffs [50-317; 50-318], Annual Fatigue Report Form for 2015                 | 23          | 0          | -23   |                    |              |
| Catawba 1 and 2                      | Catawba              | Catawba [50-413; 50-414], Annual Fatigue Report Form for 2015                        | 0           | 23         | 23    |                    |              |
| Clinton                              | Clinton              | Clinton [50-461], Annual Fatigue Report Form for 2015                                | 11          | 0          | -11   |                    |              |
| Columbia Generating Station          | Columbia             | Columbia [50-397], Annual Fatigue Report Form for 2015                               | 2           | 4          | 2     |                    |              |
| Comanche Peak 1 and 2                | Comanche Peak        | Comanche Peak [50-445; 50-446], Annual Fatigue Report Form for 2015                  | 0           | 0          | 0     |                    |              |
| Cooper                               | Cooper               | Cooper [50-298], Annual Fatigue Report Form for 2015                                 | 23          | 10         | -13   |                    |              |
| Crystal River                        | Crystal River        | Crystal River [50-315; 50-316], Annual Fatigue Report Form for 2015                  | 0           | -          | -     |                    |              |
| D.C. Cook 1 and 2                    | DC Cook              | DC Cook [50-315; 50-316], Annual Fatigue Report Form for 2015                        | 0           | 0          | 0     |                    |              |
| Davis-Besse                          | Davis-Besse          | Davis-Besse [50-346], Annual Fatigue Report Form for 2015                            | 145         | 0          | -145  |                    |              |
| Diablo Canyon 1 and 2                | Diablo Canyon        | Diablo Canyon [50-275; 50-323], Annual Fatigue Report Form for 2015                  | 127         | 0          | -127  |                    |              |
| Dresden 2 and 3                      | Dresden              | Dresden [50-237; 50-249], Annual Fatigue Report Form for 2015                        | 0           | 23         | 23    |                    |              |
| Duane Arnold                         | Duane Arnold         | Duane Arnold [50-237; 50-249], Annual Fatigue Report Form for 2015                   | 3           | -          | -     |                    |              |
| Farley 1 and 2                       | Joseph M. Farley     | Joseph M. Farley [50-348; 50-364], Annual Fatigue Report Form for 2015               | 0           | 0          | 0     |                    |              |
| Fermi 2                              | Fermi 2              | Fermi 2 [50-341], Annual Fatigue Report Form for 2015                                | 0           | 0          | 0     |                    |              |
| FitzPatrick                          | FitzPatrick          | FitzPatrick [50-333], Annual Fatigue Report Form for 2015                            | 18          | 0          | -18   | X                  | 18           |
| Fort Calhoun                         | Fort Calhoun         | Fort Calhoun [50-285], Annual Fatigue Report Form for 2015                           | 0           | 0          | 0     |                    |              |
| Ginna                                | R.E. Ginna           | R.E. Ginna [50-244], Annual Fatigue Report Form for 2015                             | 0           | 0          | 0     |                    |              |
| Grand Gulf 1                         | Grand Gulf           | Grand Gulf [50-416], Annual Fatigue Report Form for 2015                             | 270         | 69         | -201  | X                  | 270          |
| Harris 1                             | Shearon Harris       | Shearon Harris [50-400], Annual Fatigue Report Form for 2015                         | 4           | 16         | 12    |                    |              |
| Hatch 1 and 2                        | E.I. Hatch           | E.I. Hatch [50-321; 50-366], Annual Fatigue Report Form for 2015                     | 3           | 2          | -1    |                    |              |
| Hope Creek 1                         | Hope Creek           | Hope Creek [50-321; 50-366], Annual Fatigue Report Form for 2015                     | -           | -          | -     |                    |              |
| Indian Point 2 and 3                 | Indian Point         | Indian Point [50-247; 50-286], Annual Fatigue Report Form for 2015                   | 49          | 4          | -45   | X                  | 49           |
| Kewaunee                             | Kewaunee             | Kewaunee [50-305], Annual Fatigue Report Form for 2015                               | 1           | 0          | -1    |                    |              |
| La Salle 1 and 2                     | LaSalle              | LaSalle [50-373; 50-374], Annual Fatigue Report Form for 2015                        | 0           | 8          | 8     |                    |              |
| Limerick 1 and 2                     | Limerick             | Limerick [50-352; 50-353], Annual Fatigue Report Form for 2015                       | 176         | 8          | -168  |                    |              |
| McGuire 1 and 2                      | McGuire              | McGuire [50-369; 50-370], Annual Fatigue Report Form for 2015                        | 2           | 0          | -2    |                    |              |
| Millstone 2 and 3                    | Millstone            | Millstone [50-336; 50-423], Annual Fatigue Report Form for 2015                      | 20          | 0          | -20   |                    |              |
| Monticello                           | Monticello           | Monticello [50-263], Annual Fatigue Report Form for 2015                             | 4           | 0          | -4    |                    |              |
| Nine Mile Point 1 and 2              | Nine Mile Point      | Nine Mile Point [50-220; 50-410], Annual Fatigue Report Form for 2015                | 0           | 2          | 2     |                    |              |
| North Anna 1 and 2                   | North Anna           | North Anna [50-338; 50-339], Annual Fatigue Report Form for 2015                     | 0           | 0          | 0     |                    |              |
| Oconee 1, 2, and 3                   | Oconee               | Oconee [50-269; 50-270; 50-287], Annual Fatigue Report Form for 2015                 | 0           | 0          | 0     |                    |              |
| Oyster Creek                         | Oyster Creek         | Oyster Creek [50-219], Annual Fatigue Report Form for 2015                           | 104         | 18         | -86   |                    |              |
| Palisades                            | Palisades            | Palisades Annual Fatigue Reporting Form 2015. (1 page)                               | 16          | 13         | -3    | X                  |              |
| Palo Verde 1, 2, and 3               | Palo Verde           | Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015             | 0           | 0          | 0     |                    |              |
| Peach Bottom 2 and 3                 | Peach Bottom         | Peach Bottom [50-277; 50-278], Annual Fatigue Report Form for 2015                   | 18          | 24         | 6     |                    |              |
| Perry 1                              | Perry                | Perry [50-440], Annual Fatigue Report Form for 2015                                  | 3           | 6          | 3     |                    |              |
| Pilgrim 1                            | Pilgrim              | Pilgrim [50-293], Annual Fatigue Report Form for 2015                                | -           | 16         | 16    | X                  |              |
| Point Beach 1 and 2                  | Point Beach          | Point Beach [50-266; 50-301], Annual Fatigue Report Form for 2015                    | 51          | 0          | -51   |                    |              |
| Prairie Island 1 and 2               | Prairie Island       | Prairie Island [50-282; 50-306], Annual Fatigue Report Form for 2015                 | 4           | 4          | 0     |                    |              |
| Quad Cities 1 and 2                  | Quad Cities          | Quad Cities [50-254; 50-265], Annual Fatigue Report Form for 2015                    | 0           | 0          | 0     |                    |              |
| River Bend 1                         | River Bend           | River Bend [50-458], Annual Fatigue Report Form for 2015                             | 186         | 3          | -183  | X                  | 186          |
| Robinson 2                           | H.B. Robinson        | H.B. Robinson [50-261], Annual Fatigue Report Form for 2015                          | 3           | 0          | -3    |                    |              |
| Saint Lucie 1 and 2                  | St. Lucie            | St. Lucie, Units 1 and 2 Annual Fitness-For-Duty Program Performance Report for 2015 | 0           | 12         | 12    |                    |              |
| Salem 1 and 2                        | Salem/Hope Creek     | Salem and Hope Creek, 10 CFR Part 26, Subpart I Manual for 2015                      | 1           | 2          | 1     |                    |              |
| San Onofre                           | San Onofre           | San Onofre [50-361; 50-362], Annual Fatigue Report Form for 2015                     | 0           | 0          | 0     |                    |              |
| Seabrook 1                           | Seabrook             | Seabrook Station Fitness-for-Duty Program Performance Report for 2015                | 6           | 0          | -6    |                    |              |
| Sequoyah 1 and 2                     | Sequoyah             | Sequoyah, Units 1 and 2 NRC FFD Program Performance Report for 2015                  | 22          | 0          | -22   |                    |              |
| South Texas 1 and 2                  | South Texas Project  | South Texas Project [50-498; 50-499], Annual Fatigue Report Form for 2015            | 2           | 0          | -2    |                    |              |
| Summer                               | V.C. Summer          | V.C. Summer Unit 1[50-395], Annual Fatigue Report Form for 2015                      | 0           | 6          | 6     |                    |              |
| Surry 1 and 2                        | Surry                | Surry [50-280; 50-281], Annual Fatigue Report Form for 2015                          | 134         | 0          | -134  |                    |              |
| Susquehanna 1 and 2                  | Susquehanna          | Susquehanna [50-387; 50-388], Annual Fatigue Report Form for 2015                    | 0           | 1          | 1     |                    |              |
| Three Mile Island 1                  | Three Mile Island    | Three Mile Island [50-289], Annual Fatigue Report Form for 2015                      | 20          | 28         | 8     |                    |              |
| Turkey Point 3 and 4                 | Turkey Point Units 3 | Turkey Point, Units 3 and 4 2015 Annual Fitness-For-Duty Program Performance Report  | 0           | 0          | 0     |                    |              |
| Vogtle 1 and 2                       | Vogtle Units 1 and 2 | Vogtle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015           | 0           | 2          | 2     |                    |              |
| Waterford 3                          | Waterford            | Waterford [50-382 ], Annual Fatigue Report Form for 2015                             | 1143        | 2          | -1141 | X                  |              |
| Watts Bar 1 and 2                    | Watts Bar            | Watts Bar, Unit 1 NRC FFD Program Performance Report for 2015                        | 44          | 0          | -44   |                    |              |
| Wolf Creek 1                         | Wolf Creek           | Wolf Creek [50-482 ], Annual Fatigue Report Form for 2015                            | 0           | 0          | 0     |                    |              |
| Institute of Nuclear Power Operators | INPO                 | INPO [99901386], Annual Fatigue Report Form for 2015                                 | -           | 0          | -     |                    |              |

\* [List of operating nuclear power reactors.](#)

\*\* Waiver data columns are shaded green to red from lowest to highest values for each year.

\*\*\* 2010 total excludes all but highest and lowest count Entergy plants as these were excluded from the analysis and not provided in the 2010 report.



ho exceed work hour limits are coached on the importance of rigor to ensure compliance with the fatigue management progra

ho exceed work hour limits are coached on the importance of rigor to ensure compliance with the fatigue management progra

# Calvert Cliffs [50-317; 50-318], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           | 0          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 0          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted



**FitzPatrick [50-333], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)**

[Return to Combined](#)

|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 0          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

**Licensee Comments**

James A. FitzPatrick (JAF) did not have a refueling outage during 2015. JAF had one unplanned power change event. 2015 had few periods where  
One Fatigue Assessment was performed in 2015. In April 2015, a worker sustained a hand injury resulting in a OSHA Recordable event. The Fatigue  
The JAF Fatigue Management Program is adequately implemented. In 2015, there were few emergent events challenging work planning. Watch  
No corrective actions.





ere a significant amount of work would have challenge the Fatigue Management Program. Therefore, zero Fatigue Waivers is reasonable under these  
tigue Assessment did not identify fatigue as a contributor to the even

hbill coordinators effectively managed work hours in accordance with 10 CFR 26.205. There were no instances of Fatigue Waivers or Violations. There



circumstances. In addition to no waivers in 2015, there were no violations without waiver

There are no significant negative trends or programmatic failures in the Fatigue Management Progra

R.E. Ginna [50-244], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

[Return to Combined](#)

|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 0          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted





Salem and Hope Creek, 10 CFR Part 26, Subpart I Managing Fatigue, for Period Ending 2015. (1 p

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers | 0                                                                          | 0                                                            | 0                                                         | 2                                                                        | 0                                         |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 0      | 0 | 0 | 2 | 0 |
| Most Waivers Provided to a Single Individual | 0      | 0 | 0 | 1 | 0 |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 2 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 1          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |

age(s), 2/22/2016)

Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |
|-----------------------|--------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|
|                       | Operating                                                    | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                   | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |
|                       |                                                              |                    |                         | 2                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 2                                                                           |                    |                         |                              |                    |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 0                  | 0                       | 0                            | 0                  |
|                       | 0                                                            | 0                  | 0                       | 2                                                                           | 0                  | 0                       | 0                            | 0                  |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**Licensee Comments**

PSEG Nuclear issued two work hour rule waivers in 2015. The waivers were processed for two individuals who exceeded the 72 work hours in  
Fatigue assessments were performed throughout 2015 for instances of Post-Event, For Cause-Observed Behaviors, Self-Declarations and Waiv  
Work conducted under the approved waivers was done so without incident. Use of waivers was limited to circumstances necessary to preven  
Deficiencies and non-compliances have been captured in the corrective action program and corrective actions were taken to resolve those def



any 7 day period. Both waivers were required to complete installation of replacement motor bearings on a Safety Injection Pump to prevent a delay in repairs. All assessments were conducted correctly as prescribed in 10 CFR Part 26 and station procedures to identify and mitigate conditions adverse to safety or security. Based on the results of quarterly and semi-annual reviews, the Fatigue Management Program has identified deficiencies and non-compliances





in the recovery of a safety system function. A fatigue assessment was performed for each worker as a part of the waiver process

to meet the requirements of 10CFR26.205(e) and has proven effective in controlling the work hours of individuals subject to work hour controls

# Indian Point [50-247; 50-286], Annual Fatigue Report Form for 2015 (1 page(s), 2/12/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  | 1                                                                          |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    | 1                                                                          |                    |                         |                                                |                    |

Checksum Flag

0 0 0 0 0 0

Sum 1 0 0 0 0 0

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers | 1                                                                          |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          | 1                                         |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 1      |   |   |   | 1 |
| Most Waivers Provided to a Single Individual | 1      |   |   |   | 3 |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 1      | 0 | 0 | 0 | 1 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 0          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action | 0          |                                                 |
| Comment           | 0          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action | 0          |                                                 |
| Comment           | 0          | <b>Conclusions</b>                              |
| Corrective Action | 0          |                                                 |
| Comment           | 0          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 0          |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 3                                                                      |

Licensee Comments



Limerick [50-352; 50-353], Annual Fatigue Report Form for 2014 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                       | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                       | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                                               |                                                                            |                    |                         |                                                |                    |
| Exceeded 16 hrs in 24 hrs                                                             |                                                                            |                    |                         | 2                                              |                    |
| Exceeded 26 hrs in 40 hrs                                                             |                                                                            |                    |                         | 2                                              |                    |
| Exceeded 72 hrs in 7 days                                                             |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b>                                                                     |                                                                            |                    |                         |                                                |                    |
| Less than 10 hr break between successive work periods (or 8 hr break accomodating sch |                                                                            |                    |                         | 1                                              |                    |
| Less than 34 hour break in 9 days                                                     |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b>                                                         |                                                                            |                    |                         |                                                |                    |
| Avg of less than 1 day off per week for 8 hr shifts                                   |                                                                            |                    |                         |                                                |                    |
| Avg of less than 2 days off per week for 10 hr shifts                                 |                                                                            |                    |                         |                                                |                    |
| Avg of less than 2.5 days off per week for 12 hr shifts                               |                                                                            |                    |                         |                                                |                    |
| Avg of less than 2 days off per week for 12 hr maintenance shifts                     |                                                                            |                    |                         |                                                |                    |
| Avg of less than 3 days off per week for 12 hr security shift:                        |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b>                             |                                                                            |                    |                         |                                                |                    |
| Less than 3 days off per 15 days                                                      |                                                                            |                    |                         |                                                |                    |
| Less than 1 day off per 7 days for maintenance personne                               |                                                                            |                    |                         |                                                |                    |
| Less than 4 days off per 15 days for security personne                                |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b>                                                  |                                                                            |                    |                         |                                                |                    |
| 54 Hour maximum average                                                               |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                          |                                                                            |                    |                         | 5                                              |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 5 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 |                                                                            | 1                                                            |                                                           |                                                                          |                                           |
| 2                 |                                                                            | 2                                                            |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    | 3 |   | 1 |   |
| Most Waivers Provided to a Single Individual |    | 2 |   | 3 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 3 | 0 | 1 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



Note: Limerick's AFR states the r

conflicting entries

### Enter values inside red boxes.

| for chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                        |                               | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                        |                               | Performing security duties p |                        |
|----------------------|--------------------------------------------------------------|------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------|------------------------------|------------------------|
|                      | Operating                                                    | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                                                                   | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                    | Outage (days 1-<br>60) |
|                      |                                                              |                        |                               | 1                                                                           |                        |                               |                              |                        |
|                      |                                                              |                        |                               | 1                                                                           |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               | 3                                                                           |                        |                               |                              |                        |
|                      | 0                                                            | 0                      | 0                             | 0                                                                           | 0                      | 0                             | 0                            | 0                      |
|                      | 0                                                            | 0                      | 0                             | 0                                                                           | 3                      | 0                             | 0                            | 0                      |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 3                                                                      |

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted

report is for 2014.

| er 26.4(a)(5)           | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total | Checksum Flag | Checksum Calculations |                          |                               |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|---------------|-----------------------|--------------------------|-------------------------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total | Checksum Flag | Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|                         | 3               |                          |                               | 3              | 0             | 3                     | 0                        | 0                             |
|                         | 3               |                          |                               | 3              | 0             | 3                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         | 2               |                          |                               | 2              | 0             | 2                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         | 8               |                          |                               | 8              | 0             | 8                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             |                       |                          |                               |
|                         | 0               | 0                        | 0                             | 0              | 0             | 0                     | 0                        | 0                             |
|                         | 0               | 8                        | 0                             | 0              | 8             | 0                     |                          |                               |

# Millstone [50-336; 50-423], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(2) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 8      |   |   |   |   |
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   |   |
| Most Waivers Provided to a Single Individual |        |   |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0                  |   |                                                 |
|-----------------------------|---|-------------------------------------------------|
| Comment                     | 1 | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action           | 0 |                                                 |
| Comment                     | 1 | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action           | 0 |                                                 |
| Comment                     | 1 | <b>Conclusions</b>                              |
| Corrective Action           | 0 |                                                 |
| Comment                     | 1 | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action           | 0 |                                                 |
| <b>Overview: Yes=1 No=0</b> |   | <b>General Comments (optional)</b>              |
| Comments                    | 1 |                                                 |
| Corrective Actions          | 0 |                                                 |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

### Licensee Comments

There were no wavier assessments for 2015

There were seven fatigue assessments in 2015. Three were "Self Declarations" one "For Cause" and three "Post Event." Appropriate actions v

Millstone successfully maintained work hours for 2015 with zero violation:

There were no Fatigue Management issues at Millstone in 2015





were followed in every event. Fatigue was not a factor in the Post Event cases. Appropriate measures were followed in the remainder of cases. No is



sues or concerns were notec

# Nine Mile Point [50-220; 50-410], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                | 2                  |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                | 2                  |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 2 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            | 1                                                            |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    | 1 |   |   |   |
| Most Waivers Provided to a Single Individual |    | 2 |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 1 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 | No=0 |                                                 |
|-------------------|-------|------|-------------------------------------------------|
| Comment           | 1     |      | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action | 0     |      |                                                 |
| Comment           | 1     |      | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action | 0     |      |                                                 |
| Comment           | 1     |      | <b>Conclusions</b>                              |
| Corrective Action | 0     |      |                                                 |
| Comment           | 1     |      | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 0     |      |                                                 |

|                    | Yes=1 | No=0 | General Comments (optional) |
|--------------------|-------|------|-----------------------------|
| Comments           | 1     |      |                             |
| Corrective Actions | 0     |      |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
2

**License Comments**

No Adverse trends were noted.

No adverse trends were noted .

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted.





# Oyster Creek [50-219], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                           | Operating or on-site directing of the operations of systems per 26.4(a)(1)                                                                                                                                                                                                                                     |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                           | Operating                                                                                                                                                                                                                                                                                                      | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                   | Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                            |                    |                         |                                                |                    |
|                                                           |                                                                                                                                                                                                                                                                                                                | 2                  |                         |                                                | 1                  |
| <b>Rest Break</b>                                         | Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                      |                    |                         |                                                |                    |
|                                                           |                                                                                                                                                                                                                                                                                                                | 3                  |                         |                                                |                    |
| <b>Min Days Off Per Shift</b>                             | Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b> | Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                                                          |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b>                      | 54 Hour maximum average                                                                                                                                                                                                                                                                                        |                    |                         |                                                |                    |
| <b>Total</b>                                              |                                                                                                                                                                                                                                                                                                                | 5                  |                         |                                                | 1                  |

Checksum Flag

0 0 0 0 0

Sum 0 5 0 0 1

## Distribution of Waivers for Individuals in Each Category

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 |                                                                            | 1                                                            |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           | 6                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 | 1                                                                          |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 1      | 1 |   | 6 |   |
| Most Waivers Provided to a Single Individual | 5      | 1 |   | 2 |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 1      | 1 | 0 | 6 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 1          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 1          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 1          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |

Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                        |                               | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                        |                               | Performing security duties p |                        |
|-----------------------|--------------------------------------------------------------|------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------|------------------------------|------------------------|
|                       | Operating                                                    | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                                                                   | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                    | Outage (days 1-<br>60) |
|                       |                                                              |                        |                               | 1                                                                           |                        |                               |                              |                        |
|                       |                                                              |                        |                               | 2                                                                           | 4                      |                               |                              |                        |
| is                    |                                                              |                        |                               | 1                                                                           | 4                      |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               | 4                                                                           | 8                      |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       | 0                                                            | 0                      | 0                             | 0                                                                           | 0                      | 0                             | 0                            | 0                      |
|                       | 0                                                            | 0                      | 0                             | 0                                                                           | 4                      | 8                             | 0                            | 0                      |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 5                                                                      |

**Licensee Comments**

IRs 2475158, 2500627 - Adverse trend in waiver inappropriate authorizations identified in 2014 continues into first half of 2015

IR 2525245 - Station conducted an apparent cause evaluation to identify causes of the adverse trend in inappropriate waiver authorizations ar  
Adverse trend in fatigue assessment documentation errors identified in 2014 continued to improve in 2015

Fatigue management performance continues to improve in second quarter 2015. A follow-up assessment for effectiveness of corrective action

IR 2525245-19 will document the performance of an Effectiveness Review (EFR). The EFR will determine if the knowledge gap in the work hour

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 1               |                          |                               | 1              |
|                         | 2               | 4                        |                               | 6              |
|                         |                 | 3                        |                               | 3              |
|                         | 1               | 4                        |                               | 5              |
|                         |                 | 3                        |                               | 3              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 4               | 14                       |                               | 18             |

| Checksum Calculations |                          |                               |
|-----------------------|--------------------------|-------------------------------|
| Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|                       |                          |                               |
| 1                     | 0                        | 0                             |
| 2                     | 4                        | 0                             |
| 0                     | 3                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 1                     | 4                        | 0                             |
| 0                     | 3                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 4                     | 14                       | 0                             |

|   |   |    |   |    |   |
|---|---|----|---|----|---|
| 0 | 0 | 0  | 0 | 0  | 0 |
| 0 | 4 | 14 | 0 | 18 | 0 |

and developed corrective actions to prevent re-occurrence

is due March 2016

rule process has been closed by corrective actions of procedure changes and training

# Peach Bottom [50-277; 50-278], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

0 0 0 0 0 0

Sum 0 0 0 0 0 0

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          | 1                                         |
| 2                 |                                                                            |                                                              |                                                           | 2                                                                        | 4                                         |
| 3                 |                                                                            |                                                              |                                                           |                                                                          | 1                                         |
| 4                 |                                                                            |                                                              |                                                           |                                                                          | 2                                         |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   | 2 | 8 |   |
| Most Waivers Provided to a Single Individual |    |   | 2 | 4 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 2 | 8 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 | No=0 |                                                 |
|-------------------|-------|------|-------------------------------------------------|
| Comment           | 1     |      | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action | 0     |      |                                                 |
| Comment           | 1     |      | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action | 0     |      |                                                 |
| Comment           | 1     |      | <b>Conclusions</b>                              |
| Corrective Action | 0     |      |                                                 |
| Comment           | 1     |      | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 0     |      |                                                 |

|                    | Yes=1 | No=0 | General Comments (optional) |
|--------------------|-------|------|-----------------------------|
| Comments           | 1     |      |                             |
| Corrective Actions | 0     |      |                             |



Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                        |                               | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                        |                               | Performing security duties p |                        |
|-----------------------|--------------------------------------------------------------|------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------|------------------------------|------------------------|
|                       | Operating                                                    | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                                                                   | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                    | Outage (days 1-<br>60) |
|                       |                                                              |                        |                               | 2                                                                           |                        |                               | 5                            | 8                      |
|                       |                                                              |                        |                               |                                                                             |                        |                               | 2                            |                        |
| is                    |                                                              |                        |                               | 2                                                                           |                        |                               | 5                            |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               | 4                                                                           |                        |                               | 20                           |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       | 0                                                            | 0                      | 0                             | 0                                                                           | 0                      | 0                             | 0                            | 0                      |
|                       | 0                                                            | 0                      | 0                             | 4                                                                           | 0                      | 0                             | 20                           | 0                      |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
4

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performances was satisfactory.

No significant corrective actions for fatigue management were noted



**Pilgrim [50-293], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a)( |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                 |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           | 1                                                                        | 2                                         |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           | 2                                                                        | 1                                         |
| 4                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 8      |   |   |   |   |
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   | 4 | 3 |
| Most Waivers Provided to a Single Individual |        |   |   | 4 | 3 |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 4 | 3 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                    | Yes=1                       | No=0 |                                                 |
|--------------------|-----------------------------|------|-------------------------------------------------|
| Comment            | 1                           |      | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action  | 0                           |      |                                                 |
| Comment            | 1                           |      | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action  | 0                           |      |                                                 |
| Comment            | 1                           |      | <b>Conclusions</b>                              |
| Corrective Action  | 1                           |      |                                                 |
| Comment            | 1                           |      | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action  | 1                           |      |                                                 |
|                    | <b>Overview: Yes=1 No=0</b> |      | <b>General Comments (optional)</b>              |
| Comments           | 1                           |      |                                                 |
| Corrective Actions | 1                           |      |                                                 |

conflicting entries

### Enter values inside red boxes.

| for chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |           |                        | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |           |                        | Performing security duties p  |           |                        |
|----------------------|--------------------------------------------------------------|-----------|------------------------|-----------------------------------------------------------------------------|-----------|------------------------|-------------------------------|-----------|------------------------|
|                      | Outage<br>(beyond 60<br>days)                                | Operating | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days)                                               | Operating | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating | Outage (days 1-<br>60) |
|                      |                                                              |           |                        |                                                                             | 4         |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             | 3         |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             | 3         |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             | 1         |                        |                               | 5         |                        |
|                      |                                                              |           |                        |                                                                             | 11        |                        |                               | 5         |                        |
|                      | 0                                                            | 0         | 0                      | 0                                                                           | 0         | 0                      | 0                             | 0         | 0                      |
|                      | 0                                                            | 0         | 0                      | 0                                                                           | 11        | 0                      | 0                             | 5         | 0                      |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
4

### Licensee Comments

In 2013, waivers not meeting the safety or security criteria were inappropriately issued. No instances of inappropriate waivers were found in 2

Two instances of self-declaration fatigue assessments occurred during 2015. One self-declaration assessment performed for an employee call

While the number of waivers continues to decrease, inadequate tracking and updating of the actual hours worked in the work hour tracking d

The inappropriate tracking of non-covered work hours documented in the 2014 Annual Fatigue Reporting Form did not recur in 2015. However  
The inadequate tracking and updating of the actual hours worked in the work hour tracking database has resulted in personnel violating the 5-

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 4               |                          |                               | 4              |
|                         | 3               |                          |                               | 3              |
|                         |                 |                          |                               |                |
|                         | 3               |                          |                               | 3              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 6               |                          |                               | 6              |
|                         | 16              |                          |                               | 16             |

Checksum Flag

Checksum Calculations

| Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|-----------------|--------------------------|-------------------------------|
| 4               | 0                        | 0                             |
| 3               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 3               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 0               | 0                        | 0                             |
| 6               | 0                        | 0                             |
| 16              | 0                        | 0                             |

0 0 0 0 0 0 0

0 16 0 0 16 0



2014 or 2015. The number of instances (7) of waivers issuance were significantly decreased in 2014. The number of instances (5) requiring issuance of an Emergency Response coverage documented that the employee was fit for duty for the remainder of the shift based on supervisor assessment. The database has resulted in personnel violating the 54 hour average and 7 day limits without having a waiver in place.

For non-covered workers entering or returning to fatigue rule covered worker status are documented as exceeding the work hour limits and restricted 4 hour average and 7 day limits without having a waiver in place. Increased monitoring of work hour tracking is being implemented.



if waivers remained low in 201

d employee evaluation. The other self-declaration assessment was performed for an employee held over to support switch yard work. The in

until the violation is cleared. One instance was of two senior reactor operators returning to covered work after assigned to pre-outage planni



dividual continued to work in the non-safety related switch yard into the next shift and then left work to begin vaca

ng assignments. The other was of four contractor electrical workers that were secuded to electrical maintenance and had to to be restricted



from covered work until the 54 hour average limit was not viol

# Seabrook Station Fitness-for-Duty Program Performance Data Report. (8 page(s), 2/25/2016)

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 | No=0 |                                          |
|-------------------|-------|------|------------------------------------------|
| Comment           | 1     |      | Analysis of Waiver Assessment Data       |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Conclusions                              |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Summary and Status of Corrective Actions |
| Corrective Action | 0     |      |                                          |

|                    | Yes=1 | No=0 | General Comments (optional) |
|--------------------|-------|------|-----------------------------|
| Comments           | 1     |      |                             |
| Corrective Actions | 0     |      |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No waivers were required in 2015.

Eight fatigue assessments were conducted in 2015. 1) A "self-declaration" fatigue assessment for a covered Security officer working online ho

No waivers were required in 2015. Eight fatigue assessments were conducted in 2015. Three assessments were conducted while the plant was

No corrective actions are required based on the review of waivers and fatigue assessments



urs. The worker was determined to be impaired and given 10 hours off. 2) A "for cause" fatigue assessment for a covered Security officer working onli  
s online and five conducted during the refueling outage. Of the eight fatigue assessments, only two workers were determined to be impaired and give



ne hours. The worker was determined to be impaired and given 10 hours off. 3) A "for cause" fatigue assessment for a covered Operations worker in 10 hours o





ker working online hours. The worker was found not to be impaired due to fatigue. 4) A "for cause" fatigue assessment for a covered Chemistr



y worker working outage hours. The worker was found not to be impaired due to fatigue. 5) A "for cause" fatigue assessment for a noncoverec



d worker working outage hours. The worker was found not to be impaired due to fatigue. 6) A "post-event" fatigue assessment for a covered m



aintenance worker working outage hours. The worker was found not to be impaired due to fatigue.7) A "post-event" fatigue assessment for a





covered maintenance worker workin

Susquehanna [50-387; 50-388], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                          | Operating or on-site Directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                          | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                           |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                           |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr maintenance shifts<br>Avg of less than 2 days off per week for 12 hr security shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                                       |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                          |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                             | 1                                                                          |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 1 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 | 1                                                                          |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 1      |   |   |   |   |
| Most Waivers Provided to a Single Individual |        |   |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 1      | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**Licensee Comments**

One (1) waiver was reported to Susquehanna Nuclear LLC's Security Access and FFD Program in 2015 by Operations. The waiver identified the  
A total of thirteen (13) fatigue assessments were completed by Susquehanna Nuclear LLC in 2015. One (1) fatigue assessment was completed  
The one (1) fatigue assessment completed in reference to waivers at Susquehanna Nuclear LLC in 2015 concluded no restrictions were require  
As methods to improve the Fatigue Management Program at Susquehanna Nuclear LLC, our station has participated in two cause evaluations



: limit of exceeding minimum day off requirements on the operating unit of 2.5 required days of for a 12 hour worke

as a result of a waiver, and twelve (12) fatigue assessments were completed for post event

d. The assessor found no fatigue impairment or circadian degradations in alertness and performance, and had reasonable assurance of safe and com  
for the less than adequate implementation of the program, a focused self-assessment on the Fatigue Program, and a Susquehanna Nuclear Oversight





petent work performance. The individual was permitted to perform covered work without any restriction

(NOS) audit in 2015. Susquehanna Nuclear LLC has implemented several changes to enhance the program after the evaluations, assessment a



nd audit were completed to prevent exceeding work hour limits and increase program oversight. Susquehanna has increased the frequency of



f the mandated review of fatigue data from annually to quarterly to provide additional oversight of the program. A Fatigue Coordinator has be



en appointed to coordinate the direct oversight of the program for the station. The station procedure for work hour limits has been revised fc





or procedure clarity and alignment. Additional training is being pursued for covered work group Supervisors, fatigue software data entry owne



rs and all employees and contractors gra

# Three Mile Island [50-289], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                   |  | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------|--|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                   |  | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                           |  |                                                                            |                    |                         |                                                |                    |
| Exceeded 16 hrs in 24 hrs                                         |  | 3                                                                          |                    |                         |                                                |                    |
| Exceeded 26 hrs in 40 hrs                                         |  | 3                                                                          |                    |                         |                                                |                    |
| Exceeded 72 hrs in 7 days                                         |  | 1                                                                          |                    |                         |                                                | 3                  |
| <b>Rest Break</b>                                                 |  |                                                                            |                    |                         |                                                |                    |
| Less than 10 hr break between successive                          |  | 1                                                                          |                    |                         |                                                |                    |
| Less than 34 hour break in 9 days                                 |  |                                                                            |                    |                         |                                                | 3                  |
| <b>Min Days Off Per Shift</b>                                     |  |                                                                            |                    |                         |                                                |                    |
| Avg of less than 1 day off per week for 8 hr shifts               |  |                                                                            |                    |                         |                                                |                    |
| Avg of less than 2 days off per week for 10 hr shifts             |  |                                                                            |                    |                         |                                                |                    |
| Avg of less than 2.5 days off per week for 12 hr shifts           |  |                                                                            |                    |                         |                                                |                    |
| Avg of less than 2 days off per week for 12 hr maintenance shifts |  |                                                                            |                    |                         |                                                |                    |
| Avg of less than 3 days off per week for 12 hr security shift     |  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b>         |  |                                                                            |                    |                         |                                                |                    |
| Less than 3 days off per 15 days                                  |  |                                                                            |                    |                         |                                                | 3                  |
| Less than 1 day off per 7 days for maintenance personne           |  |                                                                            |                    |                         |                                                |                    |
| Less than 4 days off per 15 days for security personne            |  |                                                                            |                    |                         |                                                |                    |
| <b>Alternate to Minimum Days Off</b>                              |  |                                                                            |                    |                         |                                                |                    |
| 54 Hour maximum average                                           |  |                                                                            |                    |                         |                                                | 1                  |
| <b>Total</b>                                                      |  | 8                                                                          |                    |                         |                                                | 10                 |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |    |
|-----|---|---|---|---|----|
| Sum | 8 | 0 | 0 | 0 | 10 |
|-----|---|---|---|---|----|

## Distribution of Waivers for Individuals in Each Category

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 | 2                                                                          |                                                              |                                                           | 2                                                                        | 3                                         |
| 2                 | 3                                                                          |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            | 2                                                            |                                                           |                                                                          |                                           |
| 4                 |                                                                            | 1                                                            |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               | 5  | 3 |   | 2 | 3 |
| Most Waivers Provided to a Single Individual | 2  | 4 |   | 2 | 2 |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 5  | 3 | 0 | 2 | 3 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 | No=0 |                                          |
|-------------------|-------|------|------------------------------------------|
| Comment           | 1     |      | Analysis of Waiver Assessment Data       |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Conclusions                              |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Summary and Status of Corrective Actions |
| Corrective Action | 0     |      |                                          |

|                    | Overview: Yes=1 | No=0 | General Comments (optional) |
|--------------------|-----------------|------|-----------------------------|
| Comments           | 1               |      |                             |
| Corrective Actions | 0               |      |                             |

Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |
|-----------------------|--------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|
|                       | Operating                                                    | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                   | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |
|                       |                                                              |                    |                         | 2                                                                           |                    |                         | 3                            |                    |
|                       |                                                              |                    |                         | 2                                                                           |                    |                         | 3                            |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 4                                                                           |                    |                         | 6                            |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 0                  | 0                       | 0                            | 0                  |
|                       | 0                                                            | 0                  | 0                       | 4                                                                           | 0                  | 0                       | 6                            | 0                  |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
4

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

In general, fatigue assessment and waiver performance was satisfactory; however, six violations of work hour rules (WHR) did occur. A mainte

IR 2502644 - WHR Violation Air Travel Time not used for craft WHR calculation. A Three Mile Island (TMI) maintenance I&C technician traveling

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 8               |                          |                               | 8              |
|                         | 8               |                          |                               | 8              |
|                         | 1               | 3                        |                               | 4              |
|                         |                 |                          |                               |                |
|                         | 1               |                          |                               | 1              |
|                         |                 | 3                        |                               | 3              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 | 3                        |                               | 3              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 | 1                        |                               | 1              |
|                         | 18              | 10                       |                               | 28             |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 8               | 0                        | 0                             |
| 0                     | 8               | 0                        | 0                             |
| 0                     | 1               | 3                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     | 0               | 3                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     | 0               | 3                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 1                        | 0                             |
| 0                     | 18              | 10                       | 0                             |

0 0 0 0 0 0

0 18 10 0 28 0



enance I&C technician violated the 10-hour break, 26 work hours in any 48-hour period, and 72 work hours in any 7-day period rules on two separate  
g to support the Clinton Power Station outage did not include airplane travel time in his schedule for travel days on 4/26/15 and 5/17/15, resulting in



day

six WHR violations when air travel time was factored into his WHR calculation upon returning to TMI. Maintenance performed a work group €



evaluation to prevent re-occurrence that includes a recommendation to enhance procedural guidance for air travel time calculati

# Browns Ferry, Units 1, 2, and 3 NRC FFD Program Performance Data Reporting System, 10 CFR Pa

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                           | Operating or on-site directing of the operations of systems per 26.4(a)(1)                                                                                                                                                                                                                                     |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                           | Operating                                                                                                                                                                                                                                                                                                      | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                   | Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                            |                    |                         |                                                |                    |
|                                                           | 2                                                                                                                                                                                                                                                                                                              |                    |                         | 4                                              |                    |
| <b>Rest Break</b>                                         | Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                      |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b>                             | Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b> | Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                                                          |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b>                      | 54 Hour maximum average                                                                                                                                                                                                                                                                                        |                    |                         |                                                |                    |
| <b>Total</b>                                              | 2                                                                                                                                                                                                                                                                                                              |                    |                         | 4                                              |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 2 | 0 | 0 | 4 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 | 2                                                                          | 4                                                            |                                                           |                                                                          | 10                                        |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |    |
|----------------------------------------------|----|---|---|---|----|
|                                              | 9  |   |   |   |    |
|                                              | 10 |   |   |   |    |
| 20-Nov                                       |    |   |   |   |    |
| More than 20                                 |    |   |   |   |    |
| Total Employees Issued Waivers               | 2  | 4 |   |   | 10 |
| Most Waivers Provided to a Single Individual | 1  | 1 |   |   | 1  |
|                                              | 0  | 0 | 0 | 0 | 0  |
|                                              | 2  | 4 | 0 | 0 | 10 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 0          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**Licensee Comments**

Sixteen waivers total were issued during 2015. Two waivers were issued to Plant Operations employees due to lack of duty relief (call in due to

All fatigue assessment conducted have been reviewed and were in compliance with TVA fatigue management and fitness for duty procedure.

It is concluded that during 2015 the work hour limits waiver program is in compliance with TVA procedure and is used only as a last resort to e

All work hour limit waivers and fatigue assessments have been adequately documented in the TVA corrective action program database and ha

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 16              |                          |                               | 16             |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
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|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 16              |                          |                               | 16             |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 16              | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 16              | 0                        | 0                             |

|   |    |   |   |    |   |   |
|---|----|---|---|----|---|---|
| 0 | 0  | 0 | 0 | 0  | 0 | 0 |
| 0 | 16 | 0 | 0 | 16 | 0 | 0 |

o illness). These two employees were granted a waiver for less than one full shift. Ten waivers were issued to Nuclear Security Officers. This was an isc

No trends were identified based on the documentation of fatigue assessments:

nsure adequate staffing and manpower during isolated events

ive been resolved by normal procedure



olated event due to inclement weather. Four waivers were issued to Radiation Protection Employees. This was an isolated event due to inclement



ent weather. No employee was issued more than one waiver during 2015. All waivers were issued in full compliance with TVA fatigue manage





ment and fitness for duty procedure and were approved by the Site Vice-President or desig

**Brunswick [50-325; 50-324], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)**

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

|                                                                                                                                                                                                                                                                                                                                                 | Number of Waivers Issued |                        |                               | Performing health physics c<br>duties per 26.4(a) |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|-------------------------------|---------------------------------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                                         | Outage (days 1-<br>60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                          |                        |                               |                                                   |                        |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                          |                        |                               |                                                   |                        |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                          |                        |                               |                                                   |                        |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                          |                        |                               |                                                   |                        |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                          |                        |                               |                                                   |                        |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                          |                        |                               |                                                   |                        |

Checksum Flag

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|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
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| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or<br>on-site<br>Directing of<br>the<br>operations of<br>systems per<br>26.4(a)(1) | Performing<br>health physics<br>or chemistry<br>duties per<br>26.4(a)(2) | Performing<br>duties of a fire<br>brigade<br>member per<br>26.4(a)(3) | Performingma<br>intenance or<br>onsite<br>direction of<br>maintenance<br>per 26.4(a)(4) | Performing<br>security<br>duties per<br>26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------|
| Number of Waivers |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 1                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 2                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 3                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 4                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 5                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 6                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 7                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |
| 8                 |                                                                                              |                                                                          |                                                                       |                                                                                         |                                                    |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   |   |
| Most Waivers Provided to a Single Individual |        |   |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 0          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 0          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 0          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 0          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
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|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |

Checksum Calculations

| Checksum Flag | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|---------------|-----------------|--------------------------|-------------------------------|
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# Catawba [50-413; 50-414], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive shifts<br>Less than 34 hour break in 9 days                                                                                                                                                                                                                                       |                                                                            | 3                  |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            | 3                  |                         |                                                |                    |

Checksum Flag

0 0 0 0 0

Sum 3 0 0 0 0

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 | 3                                                                          |                                                              |                                                           | 1                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           | 6                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 4                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               | 3  |   |   | 9 |   |
| Most Waivers Provided to a Single Individual | 1  |   |   | 4 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 3  | 0 | 0 | 9 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 0          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 0          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |
|-----------------------|--------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|
|                       | Operating                                                    | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                   | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |
|                       |                                                              |                    |                         | 6                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 6                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 6                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 1                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 1                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 20                                                                          |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 0                  | 0                       | 0                            | 0                  |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 20                 | 0                       | 0                            | 0                  |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 4                                                                      |

**Licensee Comments**

All the waivers processed at Catawba Nuclear site were for conditions adverse to safety

Fatigue was not determined to be a factor in any Fatigue Assessment

Catawba Nuclear site has adequate staffing and controls in place to prevent fatigue

The program is healthy and no additional corrective actions are required

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 6               |                          |                               | 6              |
|                         | 6               |                          |                               | 6              |
|                         | 6               |                          |                               | 6              |
|                         |                 |                          |                               |                |
|                         | 4               |                          |                               | 4              |
|                         | 1               |                          |                               | 1              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 23              |                          |                               | 23             |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 6               | 0                        | 0                             |
| 0                     | 6               | 0                        | 0                             |
| 0                     | 6               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 4               | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 23              | 0                        | 0                             |

0 0 0 0 0 0 0

0 23 0 0 23 0

Joseph M. Farley [50-348; 50-364], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 | No=0 |                                          |
|-------------------|-------|------|------------------------------------------|
| Comment           | 1     |      | Analysis of Waiver Assessment Data       |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Analysis of Fatigue Assessment Data      |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Conclusions                              |
| Corrective Action | 0     |      |                                          |
| Comment           | 1     |      | Summary and Status of Corrective Actions |
| Corrective Action | 0     |      |                                          |

|                    | Yes=1 | No=0 | General Comments (optional) |
|--------------------|-------|------|-----------------------------|
| Comments           | 1     |      |                             |
| Corrective Actions | 0     |      |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

**Licensee Comments**

During 2015, no waivers were issued during this reporting period.

During 2015, five Post Event Fatigue assessments were performed on one operations employee and four contractors. One Fatigue assessment

The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to

Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |

| Checksum Calculations |                 |                               |
|-----------------------|-----------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (beyond 60 days) |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |

0 0 0 0 0 0 0

0 0 0 0 0 0 0



t was conducted due to an OSHA recordable injury on a contractor. Two Fatigue assessments were conducted on contractors due to vehicles contacti  
› Subpart I performed with no waivers required during 2015. There were five work-hour rule violations during the year. There was one For Cause cas  
nents, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investi



ng equipment in the plant. One Fatigue assessment was conducted on a contractor due to the employee suffering a non-OSHA recordable injury identified during 2015 and one OSHA recordable injury, which required Post-Event fatigue assessment. Issues were addressed through the Corrective Action Program.



injury while working in the plant. One Fatigue assessment was conducted on a operations employee due to and employee suffering an injury on 1  
Corrective Action progr:



plant :

# Shearon Harris [50-400], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           | 5                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           | 2                                                                        |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   | 7 |   |
| Most Waivers Provided to a Single Individual |    |   |   | 3 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 7 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |
|-----------------------|--------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|
|                       | Operating                                                    | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                   | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |
|                       |                                                              |                    |                         | 6                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 7                                                                           |                    |                         |                              |                    |
| is                    |                                                              |                    |                         | 3                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 16                                                                          |                    |                         |                              |                    |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 0                  | 0                       | 0                            | 0                  |
|                       | 0                                                            | 0                  | 0                       | 16                                                                          | 0                  | 0                       | 0                            | 0                  |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
3

**Licensee Comments**

Shearon Harris waivers were all for Conditions Adverse to Safety

Fatigue was not determined to be a factor for any Fatigue Assessment

Shearon Harris has adequate staffing and controls in place to prevent fatigue

The program is healthy and no additional corrective actions are required

| er 26.4(a)(5)           |                 |                          |                               |                |               | Checksum Calculations |                          |                               |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|---------------|-----------------------|--------------------------|-------------------------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total | Checksum Flag | Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|                         | 6               |                          |                               | 6              | 0             | 6                     | 0                        | 0                             |
|                         | 7               |                          |                               | 7              | 0             | 7                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         | 3               |                          |                               | 3              | 0             | 3                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         | 16              |                          |                               | 16             | 0             | 16                    | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             |                       |                          |                               |
|                         | 0               | 0                        | 0                             | 0              | 0             | 0                     | 0                        | 0                             |
|                         | 0               | 16                       | 0                             | 0              | 16            | 0                     |                          |                               |

E.I. Hatch [50-321; 50-366], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  | 1                                                                          |                    |                         | 1                                              |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    | 1                                                                          |                    |                         | 1                                              |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 1 | 0 | 0 | 1 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 | 1                                                                          | 1                                                            |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 1      | 1 |   |   |   |
| Most Waivers Provided to a Single Individual | 1      | 1 |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 1      | 1 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**Licensee Comments**

During 2015, 2 waivers were issued for work during non-outage periods. Both waivers were for exceeding the 72 hours worked in a 7 day period.

During 2015, three Post Event Fatigue assessments were performed on one on security, one on operations and one I&C technician. Two of the findings were minor.

The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to the assessments.

Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments, and mitigation plans.





od. One waiver was issued in Operations and one waiver was issued in Radiation Protection. No issues with fatigue were noted during the waiver process. Fatigue assessments were conducted due to OSHA recordable injuries. One of the fatigue assessments was conducted due to a non-OSHA recordable injury.

o Subpart I performed with only two waivers required during 2015. There were three work-hour rule violations during the year and two OSHA recordable injuries, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investigated.



oces:

njury Two fatigue assessments were also conducted due to waivers issued at site.

able injuries, which required Post-Event fatigue assessments. Issues were addressed through the Corrective Action progra

igated in the Corrective Action Program. Two post event tests were conducted without fatigue assessments, one due to an injury discovered a



month after the actual injury occurred. It was determined that a fatigue assessment was not required due to the injury not be OSHA recordat



ole. A second test was conducted on an OCA badged person and a fatigue assessment was not conducted due to the person not being subject 1





to 10 CFR

**McGuire [50-369; 50-370], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)**

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   |   |
| Most Waivers Provided to a Single Individual |        |   |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 0          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 0          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 0          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 0          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments



# North Anna [50-338; 50-339], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No waivers issued in 2015

There were five fatigue assessments conducted under "Post-Event" conditions. None of the events found impairment as a result of fatigue. N

N/A

N/A

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |

| Checksum Calculations |                 |                               |
|-----------------------|-----------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (beyond 60 days) |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |

0 0 0 0 0 0 0

0 0 0 0 0 0 0

o fatigue assessments were conducted as a result of waiver

Oconee [50-269; 50-270; 50-287], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

[Return to Combined](#)

|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 1          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

| Number of Waivers Issued                                                                                             |  |  | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    | Performing health physics c duties per 26.4(a) |           |                    |
|----------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------|--------------------|------------------------------------------------|-----------|--------------------|
|                                                                                                                      |  |  | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days)                        | Operating | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                                                                              |  |  |                                                                            |                    |                                                |           |                    |
| Exceeded 16 hrs in 24 hrs                                                                                            |  |  |                                                                            |                    |                                                |           |                    |
| Exceeded 26 hrs in 40 hrs                                                                                            |  |  |                                                                            |                    |                                                |           |                    |
| Exceeded 72 hrs in 7 days                                                                                            |  |  |                                                                            |                    |                                                |           |                    |
| <b>Rest Break</b>                                                                                                    |  |  |                                                                            |                    |                                                |           |                    |
| Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift |  |  |                                                                            |                    |                                                |           |                    |
| Lass than 34 hour break in 9 days                                                                                    |  |  |                                                                            |                    |                                                |           |                    |
| <b>Min Days Off Per Shift</b>                                                                                        |  |  |                                                                            |                    |                                                |           |                    |
| Avg of less than 1 day off per week for 8 hr shifts                                                                  |  |  |                                                                            |                    |                                                |           |                    |
| Avg of less than 2 days off per week for 10 hr shifts                                                                |  |  |                                                                            |                    |                                                |           |                    |
| Avg of less than 2.5 days off per week for 12 hr shifts                                                              |  |  |                                                                            |                    |                                                |           |                    |
| Avg of less than 2 days off per week for 12 hr maintenance shifts                                                    |  |  |                                                                            |                    |                                                |           |                    |
| Avg of less than 3 days off per week for 12 hr security shift:                                                       |  |  |                                                                            |                    |                                                |           |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b>                                                            |  |  |                                                                            |                    |                                                |           |                    |
| Less than 3 days off per 15 days                                                                                     |  |  |                                                                            |                    |                                                |           |                    |
| Less than 1 day off per 7 days for maintenance personne                                                              |  |  |                                                                            |                    |                                                |           |                    |
| Less than 4 days off per 15 days for security personne                                                               |  |  |                                                                            |                    |                                                |           |                    |
| <b>Altermate to Minimum Days Off</b>                                                                                 |  |  |                                                                            |                    |                                                |           |                    |
| 54 Hour maximum average                                                                                              |  |  |                                                                            |                    |                                                |           |                    |
| <b>Total</b>                                                                                                         |  |  |                                                                            |                    |                                                |           |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 0          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 0          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 0          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 0          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments

| er 26.4(a)(5)                 |                    |                             |                                     |                   |
|-------------------------------|--------------------|-----------------------------|-------------------------------------|-------------------|
| Outage<br>(beyond 60<br>days) | Operating<br>Total | Outage Total<br>(days 1-60) | Outage Total<br>(beyond 60<br>days) | Combined<br>Total |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
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|                               |                    |                             |                                     |                   |
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|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |
|                               |                    |                             |                                     |                   |

| Checksum Calculations |                             |                                     |
|-----------------------|-----------------------------|-------------------------------------|
| Operating<br>Total    | Outage Total<br>(days 1-60) | Outage Total<br>(beyond 60<br>days) |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |
| 0                     | 0                           | 0                                   |

Checksum Flag

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# H.B. Robinson [50-261], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 0          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 0          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 0          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 0          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments



# St. Lucie, Units 1 and 2 Annual Fitness-For-Duty Program Report for Period of January 1 through

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |    |   |
|----------------------------------------------|----|---|---|----|---|
|                                              | 9  |   |   |    |   |
|                                              | 10 |   |   |    |   |
| 11-20                                        |    |   |   | 12 |   |
| More than 20                                 |    |   |   |    |   |
| Total Employees Issued Waivers               |    |   |   | 12 |   |
| Most Waivers Provided to a Single Individual |    |   |   | 1  |   |
|                                              | 0  | 0 | 0 | 0  | 0 |
|                                              | 0  | 0 | 0 | 12 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 | No=0 |                                          |
|-------------------|-------|------|------------------------------------------|
| Comment           | 1     |      | Analysis of Waiver Assessment Data       |
| Corrective Action |       |      |                                          |
| Comment           | 1     |      | Analysis of Fatigue Assessment Data      |
| Corrective Action |       |      |                                          |
| Comment           | 1     |      | Conclusions                              |
| Corrective Action |       |      |                                          |
| Comment           | 1     |      | Summary and Status of Corrective Actions |
| Corrective Action |       |      |                                          |

|                    | Overview: Yes=1 | No=0 | General Comments (optional) |
|--------------------|-----------------|------|-----------------------------|
| Comments           | 1               |      |                             |
| Corrective Actions | 0               |      |                             |

December 31, 2015. (6 page(s), 2/19/2016)

Note: The St Lucie AFR rep  
 Their AFR was submitted a  
 their transmittal instead of  
 other licensees.

Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |
|-----------------------|--------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|
|                       | Operating                                                    | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                   | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |
|                       |                                                              |                    |                         | 3                                                                           | 1                  |                         |                              |                    |
|                       |                                                              |                    |                         | 7                                                                           | 1                  |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             | 2                  |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 10                                                                          | 2                  |                         |                              |                    |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 0                  | 2                       | 0                            | 0                  |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 10                 | 4                       | 0                            | 0                  |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
1

#### Licensee Comments

There were (12) twelve waivers performed in 2015. Two of the waivers involved the emergent replacement of Unit 2 "Safety Related" Class "

Eight online fatigue assessments were conducted in 2015: Seven workers were assessed "For-Cause" (1) Engineering, (5) Contractor workers,

There were a total of twelve (12) waivers issued in 2015. The waivers were not required for safety or security reasons but were required to pe

There were no corrective actions taken in response to the use of waivers and conduct of fatigue assessments in 2015

ported waiver values did not add up correctly.  
 as a PDF embedded in with other portions of  
 f the 'Locked' dedicated PDF form used by most

| er 26.4(a)(5)           | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) |                 |                          |                               |                |
|                         | 3               | 1                        |                               | 4              |
|                         | 7               | 1                        |                               | 8              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 2               |                          |                               | 2              |
|                         |                 |                          |                               |                |
|                         | 10              | 2                        |                               | 12             |

| Checksum Calculations |                          |                               |
|-----------------------|--------------------------|-------------------------------|
| Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|                       |                          |                               |
| 3                     | 1                        | 0                             |
| 0                     | 0                        | 0                             |
| 7                     | 1                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
| 0                     | 2                        | 0                             |
| 0                     | 0                        | 0                             |
|                       |                          |                               |
| 0                     | 0                        | 0                             |
|                       |                          |                               |
| 10                    | 2                        | 0                             |

|   |    |   |   |    |   |
|---|----|---|---|----|---|
| 0 | 2  | 0 | 0 | 2  | 0 |
| 0 | 12 | 2 | 0 | 14 | 0 |

4" Valves V3525 and V3527. Three of the waivers provided support for Unit1 Main Feedwater Isolation Valve (MFIV) Repair and (7) seven were in support and one (1) Maintenance worker: all were determined not to be impaired and continued to work. One badged worker was assessed for Post Event and performed maintenance on safety rated components to ensure safe and reliable operations of the nuclear unit.



port of the 2A emergency diesel generator (EDG) critical maintenance management (ICMM) activities. The waivers were associated with work that was determined not to be impaired, and continued to work.





hour controls greater than 72 hours in a 7 day period, and less than a day off for 7day period, greater than 16 hours in any 24 hour period and g



greater than 72 hours in any 7 c

# Sequoyah, Units 1 and 2 NRC FFD Program Performance Data Reporting System, 10 CFR Part 26,

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no conditions met.  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(2) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

**Subpart I Managing Fatigue for 2015. (1 page(s), 2/29/2016)**

conflicting entries

### Enter values inside red boxes.

| or chemistry<br>(2) | Performing duties of a fire brigade member per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |  |
|---------------------|-----------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|--|
|                     | Operating                                                 | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
|                     |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
| 0 0 0 0 0 0 0 0 0 0 |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |
| 0 0 0 0 0 0 0 0 0 0 |                                                           |                    |                         |                                                                          |                    |                         |                              |                    |  |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

### Licensee Comments

There were no waivers processed at Sequoyah Nuclear Plant during calendar year 2015

Sequoyah had a total of 33 Post-Event, 2 For Cause, and 0 Self-Declaration fatigue assessments performed during 2015.

Based on the review of this data there are no concerns with the Fatigue Management program.

There were no adverse or declining trends identified during the analysis of this data





V.C. Summer Unit 1[50-395], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           | 3                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   | 4 |   |
| Most Waivers Provided to a Single Individual |    |   |   | 3 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 4 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

Conflicting entries

### Enter values inside red boxes.

| For chemistry (2) | Performing duties of a fire brigade member per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) |                    |                         | Performing security duties per 26.4(a)(5) |                    |
|-------------------|-----------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------|--------------------|
|                   | Operating                                                 | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                 | Outage (days 1-60) |
|                   |                                                           |                    |                         | 1                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 4                                                                        |                    |                         |                                           |                    |
| 15                |                                                           |                    |                         | 1                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 6                                                                        |                    |                         |                                           |                    |
|                   | 0                                                         | 0                  | 0                       | 0                                                                        | 0                  | 0                       | 0                                         | 0                  |
|                   | 0                                                         | 0                  | 0                       | 0                                                                        | 6                  | 0                       | 0                                         | 0                  |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
3

**License Comments**

Waivers were used to support a return to service of XEG00001A-EG documented in CR-15-01140. This equipment is part of the Emergency Sh

No individual was determined unable to perform work under the associated waivers. CR-15-01095 identifies other individuals that were evalu

VC Summer Unit 1 continues to limit the usage of waivers.

The nature of the single isolated triggering event does not provide an opportunities or necessity to adjust practices. The associated corrective

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         | 1               |                          |                               | 1              |
|                         | 4               |                          |                               | 4              |
|                         |                 |                          |                               |                |
|                         | 1               |                          |                               | 1              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 6               |                          |                               | 6              |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     | 4               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 6               | 0                        | 0                             |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 6 | 0 | 0 | 6 | 0 | 0 |

utdown Equipment (EOOS Testing). The second condition report is CR-15-01095 for the same equipment for different individuals. The approver was rated, but the waiver was not utilized to complete work.

action is closed according to site procedures



the MDS (Don Shue). Waivers are rarely used to VC Summe



Surry [50-280; 50-281], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

[Return to Combined](#)

|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**Licensee Comments**

No waivers were submitted in 2015

Minor issues concerning initial documentation of Fatigue Assessments were addressed in CR 1023950. However, a review of completed Fatigue

Fatigue Assessments were adequately performed, and no waivers were required. Fatigue was not a contributor to any event at Surry Power S

Minor issues concerning documentation of Fatigue Assessments were addressed in CR1023950. Human performance and/or process issues ar

| er 26.4(a)(5)           |                 |                          |                               |                |               |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|---------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total | Checksum Flag |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |
|                         |                 |                          |                               |                | 0             |

| Checksum Calculations |                          |                               |
|-----------------------|--------------------------|-------------------------------|
| Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |
| 0                     | 0                        | 0                             |

0 0 0 0 0 0 0

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je Assessments concluded that Fatigue Assessments were adequately performed and followed up in the corrective action program (See summary below) in 2015. The ability of individuals to perform duties safely and maintain the health and safety of the public was not affected by worker fatigue. Training Needs Analysis will be evaluated in response to CR 1023950, CR1016922, CR1018050, CR5722466 were written in response to the five Fatigue Assessments.



ow). Five Fatigue Assessment reports were submitted in 2015. Four of the five were "Post-Event" and one was "For Cause." One of the five Fe  
in 20

igue Assessment reports submitted in 2015. Fatigue was not a finding associated with any event in 2015. Therefore, non of the CR's required :





atigue Assessments reported in 2015 (For-Cause) was determined to be possibly fatigue related, but not related to excessive work hours. After

actions associated with fatigue managemer



· the FFD assessment, the individual's employment was terminated for reasons other than fati;

# Turkey Point, Units 3 and 4 2015 Annual Fitness for Duty Performance Report. (7 page(s), 2/23/2

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 0          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No waivers were issued in 2015.

Five fatigue assessments were performed during 2015. Four fatigue assessments were performed for-cause due to observed behavior. Two fo

No corrective actions required.





r-cause evaluations were for non-covered employees and the other two employees were covered workers; however, the for-cause evaluations were ;



performed prior to coming into work. One fatigue assessment was performed post-event after a fork-lift event. The employee was not a cover



ed worker. All five fatigue assessments determined the employees were not fatigued; therefore, there were no corrective actions required as a r



result of the fatigue assessm



**Vogtle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/201**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  | 1                                                                          |                    |                         | 1                                              |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    | 1                                                                          |                    |                         | 1                                              |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 1 | 0 | 0 | 1 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 | 1                                                                          | 1                                                            |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 1      | 1 |   |   |   |
| Most Waivers Provided to a Single Individual | 1      | 1 |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 1      | 1 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**Licensee Comments**

During 2015, 2 waivers were issued for work during non-outage periods. Both waivers were for exceeding the 72 hours worked in a 7 day period.

During 2015, three Post Event Fatigue assessments were performed on one on security, one on operations and one I&C technician. Two of the

The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to

Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessments

o AFRs, ML16060A299 and reports two waivers; ML16060A300

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         | 2               |                          |                               | 2              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 2               |                          |                               | 2              |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 2               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 2               | 0                        | 0                             |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 2 | 0 | 0 | 2 | 0 |

od. One waiver was issued in Operations and one waiver was issued in Radiation Protection. No issues with fatigue were noted during the waiver process. Fatigue assessments were conducted due to OSHA recordable injuries. One of the fatigue assessments was conducted due to a non-OSHA recordable injury.

Subpart I performed with only two waivers required during 2015. There were three work-hour rule violations during the year and two OSHA recordable injuries, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investigated.



oces:

njury Two fatigue assessments were also conducted due to waivers issued at site.

able injuries, which required Post-Event fatigue assessments. Issues were addressed through the Corrective Action progra

igated in the Corrective Action Program. Two post event tests were conducted without fatigue assessments, one due to an injury discovered a





month after the actual injury occurred. It was determined that a fatigue assessment was not required due to the injury not be OSHA recordat



ole. A second test was conducted on an OCA badged person and a fatigue assessment was not conducted due to the person not being subject 1



to 10 CFI

# Vogle Units 1 and 2 [50-424; 50-425], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/201

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

0 0 0 0 0 0

Sum 0 0 0 0 0 0

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**Licensee Comments**

During 2015, no waivers were issued during this reporting period.

During 2015, six Fatigue assessments were performed. One was performed on a security officer due to an injury. Three were performed on a

The Fatigue Management program overall has been well-managed and adequate staffing was maintained, as evidenced by the work subject to

Periodic and year-end reviews were completed by all departments and plant management of shift cycles, work-hours, waivers, fatigue assessn

Two AFRs, ML16060A299 and ML16060A300. AFR 299 reports two waivers; ML16060A300 reports no waivers.

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
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|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |

| Checksum Calculations |                 |                               |
|-----------------------|-----------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (beyond 60 days) |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |
| 0                     | 0               | 0                             |

0 0 0 0 0 0 0

0 0 0 0 0 0 0

maintenance person due to an injury. One was OSHA recordable two were not. One was performed in operations for a person inattentive at duty.

› Subpart I performed with no waivers required during 2015.

nents, and non-waiver work-hour rule violations. Waivers, associated supervisor assessments, and fatigue assessments were documented and investi



One was performed in RP for a person inattentive at du

igated in the Corrective Action Program

# Watts Bar, Unit 1 NRC FFD Program Performance Data Reporting System, 10 CFR Part 26, Subpart

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no conditions met.  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(2) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
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| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 0          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 0          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 0          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 0          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
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|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |

Checksum Calculations

| Checksum Flag | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|---------------|-----------------|--------------------------|-------------------------------|
| 0             |                 |                          |                               |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             |                 |                          |                               |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             |                 |                          |                               |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             |                 |                          |                               |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             |                 |                          |                               |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |
| 0             |                 |                          |                               |
| 0             | 0               | 0                        | 0                             |
| 0             | 0               | 0                        | 0                             |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# Braidwood [50-456; 50-457], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                | 1                  |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                | 1                  |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                | 1                  |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                | 3                  |

Checksum Flag

0 0 0 0 0 0

Sum 0 0 0 0 0 3

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          | 3                                         |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            | 1                                                            |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    | 1 |   |   | 3 |
| Most Waivers Provided to a Single Individual |    | 3 |   |   | 1 |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 1 | 0 | 0 | 3 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
3

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 3               | 1                        |                               | 3              |
|                         |                 | 1                        |                               | 1              |
|                         |                 |                          |                               |                |
|                         |                 | 1                        |                               | 1              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 | 1                        |                               | 1              |
|                         |                 |                          |                               |                |
|                         | 3               | 3                        |                               | 6              |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 3               | 0                        | 0                             |
| 0                     | 0               | 1                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 1                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 1                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 3               | 3                        | 0                             |

0 0 0 0 0 0 0

0 3 3 0 6 0



**Byron [50-454; 50-455], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         | 2                                              |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         | 2                                              |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         | 4                                              |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 4 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 |                                                                            | 2                                                            |                                                           |                                                                          |                                           |
| 2                 |                                                                            | 2                                                            |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    | 4 |   |   |   |
| Most Waivers Provided to a Single Individual |    | 2 |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 4 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
2

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

In general, fatigue assessment and waiver performance was satisfactory; however, two violations of a work hour limit did occur. An operator

IR 2511988 - Operations WHR Violations. The individuals involved have been performance managed. Operations performed a work group ev

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 2               |                          |                               | 2              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 2               |                          |                               | 2              |
|                         |                 |                          |                               |                |
|                         | 4               |                          |                               | 4              |

| Checksum Flag | Checksum Calculations |                          |                               |
|---------------|-----------------------|--------------------------|-------------------------------|
|               | Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0             |                       |                          |                               |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             |                       |                          |                               |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             | 2                     | 0                        | 0                             |
| 0             |                       |                          |                               |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             |                       |                          |                               |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             | 0                     | 0                        | 0                             |
| 0             |                       |                          |                               |
| 0             | 2                     | 0                        | 0                             |
| 0             |                       |                          |                               |
| 0             | 4                     | 0                        | 0                             |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 4 | 0 | 0 | 4 | 0 |
|---|---|---|---|---|---|

violated the 26 work hours in any 48-hour period and 72 work hours in any 7-day period rule

evaluation to prevent re-occurrence. A site communication was completed on 6/9/1!

# Clinton [50-461], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(2) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift)<br>Less than 34 hour break in 9 days                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                 |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted



DC Cook [50-315; 50-316], Annual Fatigue Report Form for 2015 (1 page(s), 1/28/2016)

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0        |                                          |
|-------------------|------------------------------------------|
| Comment           | Analysis of Waiver Assessment Data       |
| Corrective Action |                                          |
| Comment           | Analysis of Fatigue Assessment Data      |
| Corrective Action |                                          |
| Comment           | Conclusions                              |
| Corrective Action |                                          |
| Comment           | Summary and Status of Corrective Actions |
| Corrective Action |                                          |

| Overview: Yes=1 No=0 |   | General Comments (optional) |
|----------------------|---|-----------------------------|
| Comments             | 0 |                             |
| Corrective Actions   | 0 |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**Licensee Comments**

Cook did not issue any waivers for working hour limits in 2015. No assessment data required

Cook issues nineteen fatigue assessments in 2015: 6 For-Cause and 13 Post-Event. There were no instances where self-declaration of fatigue \

Cook has adequate staffing and controls in place to prevent fatigue

No corrective actions identified.





was documented. There were no instances identified where the assessment identified that a worker was fatigue

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0        |                                          |
|-------------------|------------------------------------------|
| Comment           | Analysis of Waiver Assessment Data       |
| Corrective Action |                                          |
| Comment           | Analysis of Fatigue Assessment Data      |
| Corrective Action |                                          |
| Comment           | Conclusions                              |
| Corrective Action |                                          |
| Comment           | Summary and Status of Corrective Actions |
| Corrective Action |                                          |

| Overview: Yes=1 No=0 |   | General Comments (optional) |
|----------------------|---|-----------------------------|
| Comments             | 0 |                             |
| Corrective Actions   | 0 |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No waivers were issued in 2015.

Post Event and For Cause fatigue assessments were performed. No additional fatigue issues were identified

There were no indications of inadequate staffing.

The Corrective Action Program is being appropriately used to identify, document, and resolve deficiencies and non-compliances. All instances

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |

0 0 0 0 0 0 0

0 0 0 0 0 0 0

where covered workers inadvertently exceeded the work hour limits were captured in the corrective action program. Individuals who exceed work hc





our limits are coached on the importance of rigor to ensure compliance with the fatigue management progr

Dresden [50-237; 50-249], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(2) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            | 1                  |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            | 1                  |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 1 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 | 1                                                                          |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           | 1                                                                        | 5                                         |
| 3                 |                                                                            |                                                              |                                                           |                                                                          | 2                                         |
| 4                 |                                                                            |                                                              |                                                           |                                                                          | 1                                         |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 1      |   |   | 1 | 8 |
| Most Waivers Provided to a Single Individual | 1      |   |   | 2 | 4 |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 1      | 0 | 0 | 1 | 8 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

conflicting entries

### Enter values inside red boxes.

| for chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                        |                               | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                        |                               | Performing security duties p |                        |
|----------------------|--------------------------------------------------------------|------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------|------------------------------|------------------------|
|                      | Operating                                                    | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                                                                   | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                    | Outage (days 1-<br>60) |
|                      |                                                              |                        |                               | 1                                                                           |                        |                               | 8                            |                        |
|                      |                                                              |                        |                               | 1                                                                           |                        |                               | 7                            |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               | 1                            |                        |
| is                   |                                                              |                        |                               |                                                                             |                        |                               | 4                            |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                      |                                                              |                        |                               | 2                                                                           |                        |                               | 20                           |                        |
|                      | 0                                                            | 0                      | 0                             | 0                                                                           | 0                      | 0                             | 0                            | 0                      |
|                      | 0                                                            | 0                      | 0                             | 0                                                                           | 2                      | 0                             | 0                            | 20                     |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
4

**License Comments**

Eight individuals out of ten total individuals received waivers due to a winter storm on 2/1/15-2/2/15.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted



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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

**License Comments**

No waivers were issued at Fermi 2 during 2015.

There were 5 Assessments performed during 2015. 4 Post events and 1 For cause. Each one has the detail about the assessment. These were c

Fermi 2 continues to follow the rules set forth in 10CFR26 subpart I with discrepancy's identified and entered into the Corrective Action Progr:

There are currently Corrective Actions in progress to better the Fatigue Management and Work Hour Limits Program at Fermi 2. - Looking at i



all performed during our refuel outage RF17. 1- Post Event - Fatigue Assessment results were "Oversight Recommended". Worker returned to work w  
am .

implementing a flagging point in the software we use for the 60 day outage rule. - Getting better at conducting Fatigue Assessments for Post Event



ith no restrictions. 2- Post Event - Fatigue Assessment results were "Oversight Recommended".Worker returned to work with no restrictions.



3- Post Event - Fatigue Assessment results were "Oversight Recommended". Worker returned to work with no restrictions. 4- Post Event - Fatig





gue Assessment results were "Oversight Recommended".Worker returned to work with no restrictions 5- For Cause - Maintenance worker em



Employee was found to have acute fatigue. No further work was allowed and employee was instructed to have a break of at least 10 hours and e



xpected to obtain 8 hours of restorative sleep/rest. Employee refused to find another means of transportation by signing transportation waive



er and drove himself I



# Kewaunee [50-305], Annual Fatigue Report Form for 2015 (1 page(s), 2/23/2016)

[Return to Combined](#)

|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(5) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift)<br>Less than 34 hour break in 9 days                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                 |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0        |                                          |
|-------------------|------------------------------------------|
| Comment           | Analysis of Waiver Assessment Data       |
| Corrective Action |                                          |
| Comment           | Analysis of Fatigue Assessment Data      |
| Corrective Action |                                          |
| Comment           | Conclusions                              |
| Corrective Action |                                          |
| Comment           | Summary and Status of Corrective Actions |
| Corrective Action |                                          |

| Overview: Yes=1 No=0 |   | General Comments (optional) |
|----------------------|---|-----------------------------|
| Comments             | 0 |                             |
| Corrective Actions   | 0 |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No waivers filed at Kewaunee in 2015

Data indicated there were no problems identified in maintaining control of work hours consistent with the specific requirements of 10 CFR 26,

It is concluded that Kewaunee complies with the requirements of 10 CFR 26, subpart I. Fatigue Assessments are being conducted as required ;

N/A



. subpart I There were six Fatigue Assessments submitted in 2015, all for "Post Event."

and at the appropriate level. In all cases, fatigue was found to not be a factor

**LaSalle [50-373; 50-374], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating sch<br>Less than 34 hour break in 9 days                                                                                                                                                                                                 |                                                                            |                    |                         | 1<br>1                                         |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         | 2                                              |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 2 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 |                                                                            | 2                                                            | 1                                                         | 3                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    | 2 | 1 | 4 |   |
| Most Waivers Provided to a Single Individual |    | 1 | 1 | 2 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 2 | 1 | 4 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                        |                               | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                        |                               | Performing security duties p |                        |
|-----------------------|--------------------------------------------------------------|------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------|------------------------------|------------------------|
|                       | Operating                                                    | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                                                                   | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating                    | Outage (days 1-<br>60) |
|                       | 1                                                            |                        |                               | 1                                                                           | 4                      |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       |                                                              |                        |                               |                                                                             |                        |                               |                              |                        |
|                       | 1                                                            |                        |                               | 5                                                                           |                        |                               |                              |                        |
|                       | 0                                                            | 0                      | 0                             | 0                                                                           | 0                      | 0                             | 0                            | 0                      |
|                       | 0                                                            | 1                      | 0                             | 0                                                                           | 5                      | 0                             | 0                            | 0                      |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
2

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were identified

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 1               |                          |                               | 1              |
|                         | 5               |                          |                               | 5              |
|                         | 1               |                          |                               | 1              |
|                         | 1               |                          |                               | 1              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 8               |                          |                               | 8              |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 1               | 0                        | 0                             |
| 0                     | 5               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 8               | 0                        | 0                             |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 8 | 0 | 0 | 8 | 0 | 0 |

# Monticello [50-263], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(5) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No waivers issued or requested for the reporting period. Emergent issues were resolved by available staffing and did not require waivers to re

Three Fatigue Assessments were conducted for the period not related to waivers for the reporting period. 1 For Cause, 2 Post Event. No fatigu

For the period in question station personnel met their Fitness for Duty requirements as specified under the Fatigue Management Rules in 10C

Corrective actions written relevant to Fatigue Management Program identified no programmatic concerns.





solve

e concerns were identified at the time of the assessments:

FR26 and there were no significant challenges to the program raised by emergent issue:

**Palisades Annual Fatigue Reporting Form 2015. (1 page(s), 2/10/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                | 1                  |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                | 1                  |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 1 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 |                                                                            | 1                                                            |                                                           | 6                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           | 3                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    | 1 |   | 9 |   |
| Most Waivers Provided to a Single Individual |    | 1 |   | 2 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 1 | 0 | 9 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 1          |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |

conflicting entries

### Enter values inside red boxes.

| for chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |           |                        | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |           |                        | Performing security duties p  |           |                        |
|----------------------|--------------------------------------------------------------|-----------|------------------------|-----------------------------------------------------------------------------|-----------|------------------------|-------------------------------|-----------|------------------------|
|                      | Outage<br>(beyond 60<br>days)                                | Operating | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days)                                               | Operating | Outage (days 1-<br>60) | Outage<br>(beyond 60<br>days) | Operating | Outage (days 1-<br>60) |
|                      |                                                              |           |                        |                                                                             |           | 3<br>9                 |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           |                        |                               |           |                        |
|                      |                                                              |           |                        |                                                                             |           | 12                     |                               |           |                        |
|                      | 0                                                            | 0         | 0                      | 0                                                                           | 0         | 0                      | 0                             | 0         | 0                      |
|                      | 0                                                            | 0         | 0                      | 0                                                                           | 0         | 12                     | 0                             | 0         | 0                      |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 2                                                                      |

### License Comments

The review did not identify any issues associated with the number and circumstances of condition adverse to safety or security associated with

Three post-event fatigue assessments were completed with no issues identified

No issues were identified. No enhancement/improvement items are recommended

Performed search for condition reports related to issues with fatigue rule implementation, e.g., software, procedure, training, and work sched

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         |                 |                          |                               |                |
|                         |                 | 3                        |                               | 3              |
|                         |                 | 10                       |                               | 10             |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 | 13                       |                               | 13             |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 3                        | 0                             |
| 0                     | 0               | 10                       | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 13                       | 0                             |

|   |   |    |   |    |   |
|---|---|----|---|----|---|
| 0 | 0 | 0  | 0 | 0  | 0 |
| 0 | 0 | 13 | 0 | 13 | 0 |

h the initiation and authorization of waivers. All waivers initiated in 2015 were during refueling outage 1R24. The waivers initiated were in accordanc

lules. CR-PLP-2015-5091 was initiated due to a waiver not containing an expiration date. The condition was NRC identified. Waiver was updated. CR-





ce with NRC regulatory requirements and followed the process outlin

PLP-2015-3982 was initiated due to PQ&S not identifying/flagging a violation of work hours. Time off was given to the affected individuals and



no violation occurred. CR-PLP-2015-5254 was initiated due to maintenance groups are not consistently meeting the requirements of the Fatig



ue Management Program. Specifically, not validating the schedule worked in a timely manner, within 14 days per procedural requirements. R



enforcement to follow procedural requirements was provided to affected supervisors. CR-PLP-2015-4120 and 4867 were initiated due to cove





ered workers exceeding work hour limits while performing non-covered work. Human Performance Evaluations were completed. No other issu



ies ide

**Perry [50-440], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   | 3 |   |
| Most Waivers Provided to a Single Individual |    |   |   | 3 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 3 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    | None.                       |
| Corrective Actions | 0                    |                             |

Conflicting entries

### Enter values inside red boxes.

| For chemistry (2) | Performing duties of a fire brigade member per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) |                    |                         | Performing security duties per 26.4(a)(5) |                    |
|-------------------|-----------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------|--------------------|
|                   | Operating                                                 | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                 | Outage (days 1-60) |
|                   |                                                           |                    |                         | 3                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 2                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 1                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 6                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   | 0                                                         | 0                  | 0                       | 0                                                                        | 0                  | 0                       | 0                                         | 0                  |
|                   | 0                                                         | 0                  | 0                       | 0                                                                        | 6                  | 0                       | 0                                         | 0                  |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 3                                                                      |

**License Comments**

Three (3) maintenance employees were granted six (6) waivers on one (1) occasion to prevent a challenge to site safety due to emergent plant

Post Event and For Cause fatigue assessments were performed. Two (2) Self Declarations were made and both employees were relieved. No a

There were no indications of inadequate staffing.

The Corrective Action Program is being appropriately used to identify, document, and resolve deficiencies and non-compliances. All instances





t issue:

additional fatigue issues were identified

where covered workers inadvertently exceeded the work hour limits were captured in the corrective action program. Individuals who exceed work hours



our limits are coached on the importance of rigor to ensure compliance with the fatigue management progr

**Point Beach [50-266; 50-301], Annual Fatigue Report Form for 2015 (1 page(s), 2/9/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

### License Comments

There were no waivers utilized in 2015

There was 1 fatigue assessment performed in 2015. 1. For Cause (Non-Outage) - A Maintenance individual was cleaning a walk path in the wi

There were no waivers utilized and one fatigue assessment in 2015. The "for cause" fatigue assessment did not find the individual fatigued

There were no corrective actions required based on the use of waivers or fatigue assessments





nter and backed the vehicle into a light pole. The individual was found not to be fatigued and after receipt of negative results of "for cause testing" w



ras returned to wc

**Prairie Island [50-282; 50-306], Annual Fatigue Report Form for 2015 (1 page(s), 2/18/2016)**

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          | 2                                         |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   | 2 |
| Most Waivers Provided to a Single Individual |        |   |   |   | 2 |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 2 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 2                                                                      |

**Licensee Comments**

Two Fatigue Assessments were written in support of the waivers issued during the evaluation period in response to two events in which staff. 15 assessments were performed during 2015 for non waiver events. Of those assessments 12 were considered For Cause, 2 Post Event, and 1 For the period in question the majority of station personnel met their Fitness for Duty requirements as specified under the Fatigue Management Program. Corrective actions written relevant to Fatigue Management Program identified no programmatic concerns.

s submitted without information on the 'Validate & Lock' selected.

| er 26.4(a)(5)           | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total | Checksum Flag | Checksum Calculations |                          |                               |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|---------------|-----------------------|--------------------------|-------------------------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total | Checksum Flag | Operating Total       | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
|                         | 2               |                          |                               | 2              | 0             | 2                     | 0                        | 0                             |
|                         | 2               |                          |                               | 2              | 0             | 2                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         |                 |                          |                               |                | 0             | 0                     | 0                        | 0                             |
|                         | 4               |                          |                               | 4              | 0             | 4                     | 0                        | 0                             |
|                         | 0               | 0                        | 0                             | 0              | 0             | 0                     | 0                        | 0                             |
|                         | 0               | 4                        | 0                             | 0              | 4             | 0                     | 0                        | 0                             |



ng challenges resulted in the need for waivers to meet shift minimum compliment for security

was a Follow up. During one incident in which an assessment was performed it was identified that there was a fatigue concern at the time of the asse

ent Rules in 10CFR26 and there were no significant challenges to the program raised by emergent issue:



essment, the worker was removed from duty and controls and conditions put in place. A separate incident identified four individuals in which a



contributing factor to the state of inattentiveness as a cultural difference from their country of origin as they were foreign nation

# Quad Cities [50-254; 50-265], Annual Fatigue Report Form for 2015 (1 page(s), 2/26/2016)

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |





<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

No adverse trends were noted.

No adverse trends were noted.

Fatigue management performance was satisfactory.

No significant corrective actions for fatigue management were noted



Arkansas Nuclear One [50-313; 50-368], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2015)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no conditions met.  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

|                                                                                                                                                                                                                                                                                                                                                 | Number of Waivers Issued                                                   |                    |                         | Performing health physics duties per 26.4(a)(5) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag  0 0 0 0 0

Sum  0 0 0 0 0

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          | 1                                         |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   | 1 |
| Most Waivers Provided to a Single Individual |        |   |   |   | 1 |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 1 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**License Comments**

An analysis of waiver assessments was performed and determined to be appropriate. No additional corrective actions were identified

A review of fatigue assessments was performed and no additional corrective actions were identified

The Fatigue Management Program at ANO is effective. The annual review of the effectiveness of the control of work hours for covered individuals

No additional corrective actions were identified as a result of this review



findings required by 10 CFR 26.205(e) and 26.211(g) did not note any new deficiencies. Appropriate corrective actions have been taken for previously identified





entified concerns with programs and processes. No additional corrective actions were identified as a result of this revi

# Callaway [50-483], Annual Fatigue Report Form for 2015 (1 page(s), 2/3/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(5) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 0          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 0          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 0          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 0          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments



# Columbia [50-397], Annual Fatigue Report Form for 2015 (1 page(s), 2/10/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           | 4                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   | 4 |   |
| Most Waivers Provided to a Single Individual |    |   |   | 1 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 4 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

Conflicting entries

### Enter values inside red boxes.

| Fire chemistry<br>(2) | Performing duties of a fire brigade member<br>per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction<br>of maintenance per 26.4(a)(4) |                    |                         | Performing security duties p |                    |
|-----------------------|--------------------------------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------|--------------------|
|                       | Operating                                                    | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                   | Outage (days 1-60) | Outage (beyond 60 days) | Operating                    | Outage (days 1-60) |
|                       |                                                              |                    |                         | 4                                                                           |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         |                                                                             |                    |                         |                              |                    |
|                       |                                                              |                    |                         | 4                                                                           |                    |                         |                              |                    |
|                       | 0                                                            | 0                  | 0                       | 0                                                                           | 0                  | 0                       | 0                            | 0                  |
|                       | 0                                                            | 0                  | 0                       | 4                                                                           | 0                  | 0                       | 0                            | 0                  |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**License Comments**

Columbia Generating Station issued four waivers in 2015. The waivers were necessary to prevent a forced reactor shutdown during the spent

One Fatigue Assessment performed post event. Assessment resulted in no restrictions

Columbia Generating Station issued four waivers and conducted one fatigue assessments for the year 2015.

CR 330186 Post Event Fatigue Assessment. CR 321491 Waiver to Support Fuel Pool Cooling Modification. CR 321492 Waiver to Support Fuel



Fuel Pool Cooling Modificator

Pool Cooling Modification. CR 321494 Waiver to Support Fuel Pool Cooling Modification. CR 321496 Waiver to Support Fuel Pool Cooling Modificatio





# Comanche Peak [50-445; 50-446], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   |   |
| Most Waivers Provided to a Single Individual |        |   |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 1          |                                                 |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

**Licensee Comments**

No waivers of work hour rules were issued in 2015.

Two (2) fatigue assessments were accomplished in 2015. Both were conducted in concert with For-Cause drug and alcohol testing

he program continues to be successful in monitoring for fatigue and tracking work hours for covered employees. Performance issues and resc

During 2015, six (6) work hour rule violations occurred and were entered into the corrective action program (CAP). The violations consisted of



solutions are documented in the site corrective action program (CAP)

if a failure to meet the 10 hour turnaround requirement x2, a failure to meet the 72 in 168 work hour rule, a failure to meet the minimum days off (MI



DO) requirement, a non-covered worker working on safety related equipment, and a non-covered individual directing work on safety related ec





quipme

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                           |                                                                   | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                           |                                                                   | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                   |                                                                   |                                                                            |                    |                         |                                                |                    |
|                                                           | Exceeded 16 hrs in 24 hrs                                         | 1                                                                          |                    |                         |                                                |                    |
|                                                           | Exceeded 26 hrs in 40 hrs                                         | 1                                                                          |                    |                         |                                                |                    |
|                                                           | Exceeded 72 hrs in 7 days                                         |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b>                                         |                                                                   |                                                                            |                    |                         |                                                |                    |
|                                                           | Less than 10 hr break between successive                          | 1                                                                          |                    |                         |                                                |                    |
|                                                           | Less than 34 hour break in 9 days                                 |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b>                             |                                                                   |                                                                            |                    |                         |                                                |                    |
|                                                           | Avg of less than 1 day off per week for 8 hr shifts               |                                                                            |                    |                         |                                                |                    |
|                                                           | Avg of less than 2 days off per week for 10 hr shifts             |                                                                            |                    |                         |                                                |                    |
|                                                           | Avg of less than 2.5 days off per week for 12 hr shifts           |                                                                            |                    |                         |                                                |                    |
|                                                           | Avg of less than 2 days off per week for 12 hr maintenance shifts |                                                                            |                    |                         |                                                |                    |
|                                                           | Avg of less than 3 days off per week for 12 hr security shift     |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b> |                                                                   |                                                                            |                    |                         |                                                |                    |
|                                                           | Less than 3 days off per 15 days                                  |                                                                            |                    |                         |                                                |                    |
|                                                           | Less than 1 day off per 7 days for maintenance personne           |                                                                            |                    |                         |                                                |                    |
|                                                           | Less than 4 days off per 15 days for security personne            |                                                                            |                    |                         |                                                |                    |
| <b>Alternate to Minimum Days Off</b>                      |                                                                   |                                                                            |                    |                         |                                                |                    |
|                                                           | 54 Hour maximum average                                           |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                              |                                                                   | 3                                                                          |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 3 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 | 1                                                                          |                                                              |                                                           |                                                                          |                                           |
| 2                 | 1                                                                          |                                                              |                                                           | 2                                                                        |                                           |
| 3                 |                                                                            |                                                              |                                                           | 1                                                                        |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               | 2      |   |   | 3 |   |
| Most Waivers Provided to a Single Individual | 2      |   |   | 3 |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 2      | 0 | 0 | 3 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

Conflicting entries

### Enter values inside red boxes.

| For chemistry (2) | Performing duties of a fire brigade member per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) |                    |                         | Performing security duties per 26.4(a)(5) |                    |
|-------------------|-----------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------|--------------------|
|                   | Operating                                                 | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                 | Outage (days 1-60) |
|                   |                                                           |                    |                         | 3                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 1                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 3                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 7                                                                        |                    |                         |                                           |                    |
|                   | 0                                                         | 0                  | 0                       | 0                                                                        | 0                  | 0                       | 0                                         | 0                  |
|                   | 0                                                         | 0                  | 0                       | 7                                                                        | 0                  | 0                       | 0                                         | 0                  |

<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 3                                                                      |

**License Comments**

Waivers were approved for five individuals, involving a total of ten work hour requirements. Of these, three were Maintenance individuals w/

There were seven fatigue assessments performed during 2015; one performed post-event, one performed for-cause, and five performed for w

The annual review concluded that the Fatigue Management Program at Cooper Nuclear Station (CNS) is being effectively implemented. CNS is

CAP is being appropriately used to identify and resolve issues related to implementation of the fatigue management program. CNS initiated th

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 4               |                          |                               | 4              |
|                         | 2               |                          |                               | 2              |
|                         | 4               |                          |                               | 4              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 10              |                          |                               | 10             |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 4               | 0                        | 0                             |
| 0                     | 2               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 4               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 10              | 0                        | 0                             |

|   |    |   |   |    |   |   |
|---|----|---|---|----|---|---|
| 0 | 0  | 0 | 0 | 0  | 0 | 0 |
| 0 | 10 | 0 | 0 | 10 | 0 | 0 |

no required waivers to allow them to provide support in response to a motor control center feeder breaker trip (unplanned power change). These three workers were assessed for fatigue. All seven of the fatigue assessments were passed with no restrictions. The conduct of fatigue assessments was effective and the workers were appropriately managing the work schedules of covered workers to comply with 10CFR26 and Station Procedure 0.12. Staffing is adequate such that there were no condition reports in 2015 related to the fatigue management program, all of which were binned as administrative. Two of the Condition Reports





Three waivers resulted in violation of seven work hour controls. Two waivers were approved for Operations individuals who were necessary to m

employees are not fatigued or required to work excessive amounts of overtime. There were three instances of unapproved work hour violati

orts were identified as a result of a Quality Assurance (QA) audit and resulted in the identification of issues affecting the previous year's data. :



meet minimum manning shift staffing requirements. These two waivers resulted in violation of three work hour controls. The use of waivers w

ons in 2015 that were addressed in the Corrective Action Program (CAP). One violation was for exceeding >26 hours in a 48 hour period (26.5 h

1) In 2014 it was identified that TimeWay was not performing 54-hour calculations in the manner specified in Procedure 0.12. In 2015, a QA au



as appropriate for the circumstances for which they were gra

hours), when a Security Officer went to a doctor's appointment and was not entered into TimeWay prior to working his scheduled night shift. '

udit identified that there was no documentation to support an extent of condition review for the 2014 issue. When performed, the extent of c



Two violations were identified for not providing a 34 hour break in a 9 day period, when an Operations individual worked additional hours beyond the 34 hour limit. A subsequent condition review identified 12 additional timecards that would have been reported as a violation had TimeWay been attributing the hours to the individual.





round what was scheduled in TimeWay. If recognized in advance, measures could have been taken to prevent the violations. Neither instance v  
e calendar day as specified in Procedure 0.12. The calculation method that TimeWay was using is allowed by NEI 06-11, Rev. 1 with Addendum



would have warranted a v

i, but is not the met

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action | 1          |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action | 1          |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**Licensee Comments**

No waivers issued in 2015.

Only 1 fatigue assessment was conducted this year, and it was conducted correctly as prescribed in 10 CFR Part 26 and station procedures

No waivers issued in 2015. The station did have 29 FMR violations in 2015. Twenty-eight of the violations ( 16 MDO outage and 12 72/168 ) sp

Of the 29 violations that occurred, 28 were in the maintenance department and captured in the corrective action program and was document





read over six individuals occurred during one single time period during the outage from a single group of contractors. The contractor was not tracking  
ed in an apparent cause investigation. The last violation was in security and was also captured in the corrective action program



; the individuals in the Workforce tracking software. An Apparent Cause Evaluation was completed on this through the corrective action progra



im. The last violation was by a security supervisor the was had training during his days off, then was called in to work a day off. This occurred o



n the same week as a company holiday that auto populated that day as a day off in error masking the violation. as a result, all covered employe





ees now have holidays posted as work days by de

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(2) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |   |
|----------------------------------------------|--------|---|---|---|---|
|                                              | 9      |   |   |   |   |
|                                              | 10     |   |   |   |   |
|                                              | 20-Nov |   |   |   |   |
| More than 20                                 |        |   |   |   |   |
| Total Employees Issued Waivers               |        |   |   |   |   |
| Most Waivers Provided to a Single Individual |        |   |   |   |   |
|                                              | 0      | 0 | 0 | 0 | 0 |
|                                              | 0      | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 1          |                                                 |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

**License Comments**

No waivers were issued in 2015.

Ten (10) fatigue assessments were performed in 2015. Two (2) for cause, one (1) self-declare, and seven (7) post event. None of the assessm

The station is adhering to the fatigue/work hour regulations. Work schedules have been appropriately monitored and reviewed to maintain a

Reviewed condition report system for the period of 1/1/2015 to 12/31/2015 to identify any issues and/or corrective actions pertaining to fatig



ents identified a fatigue issue

dherence. No performance issues were note

gure management and work hour rule. There were three (3) work hour rule violations all in the Operations area. Two of the violations involved contra





ctors from another station supporting our outage. One violation occurred when a reactor operator worked more than 72 hours in a 168 hour j



period. Work group evaluations were performed and appropriate corrective actions were ta

# Grand Gulf [50-416], Annual Fatigue Report Form for 2015 (1 page(s), 2/17/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                           | Operating or on-site directing of the operations of systems per 26.4(a)(1)                                                                                                                                                                                                                                     |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                           | Operating                                                                                                                                                                                                                                                                                                      | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b>                                   | Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                            |                    |                         |                                                |                    |
|                                                           | 1                                                                                                                                                                                                                                                                                                              | 3                  |                         |                                                |                    |
| <b>Rest Break</b>                                         | Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                      |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b>                             | Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b> | Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                                                          |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b>                      | 54 Hour maximum average                                                                                                                                                                                                                                                                                        |                    |                         |                                                |                    |
| <b>Total</b>                                              | 4                                                                                                                                                                                                                                                                                                              |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 4 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

| Number of Waivers | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1                 | 2                                                                          |                                                              | 3                                                         | 2                                                                        | 27                                        |
| 2                 | 1                                                                          |                                                              | 2                                                         |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |        |   |   |   |    |
|----------------------------------------------|--------|---|---|---|----|
|                                              | 9      |   |   |   |    |
|                                              | 10     |   |   |   |    |
|                                              | 20-Nov |   |   |   |    |
| More than 20                                 |        |   |   |   |    |
| Total Employees Issued Waivers               | 3      |   | 5 | 2 | 27 |
| Most Waivers Provided to a Single Individual | 2      |   | 2 | 1 | 1  |
|                                              | 0      | 0 | 0 | 0 | 0  |
|                                              | 3      | 0 | 5 | 2 | 27 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 2                                                                      |

**License Comments**

The number of waivers given during the 2015 reporting period is acceptable. Operations and fire brigade waivers were given for personnel until

There were a total of 6 fatigue assessment conducted by Grand Gulf Nuclear Station in the 2015 calendar year. These assessment were not rejected

The Fatigue Management Program at Grand Gulf Nuclear Station is determined to be effective. The hours worked by covered workers along with

N/A

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 6               |                          |                               | 6              |
|                         | 35              |                          |                               | 35             |
|                         | 1               |                          |                               | 1              |
|                         | 27              |                          |                               | 27             |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 69              |                          |                               | 69             |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 6               | 0                        | 0                             |
| 0                     | 35              | 0                        | 0                             |
| 0                     | 1               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 27              | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 69              | 0                        | 0                             |

|   |    |   |   |    |   |   |
|---|----|---|---|----|---|---|
| 0 | 0  | 0 | 0 | 0  | 0 | 0 |
| 0 | 69 | 0 | 0 | 69 | 0 | 0 |



til a qualified replacement could relieve them of duties. The maintenance waivers were issued to personnel in order to appropriately respond to an er  
petitive concerns and no follow-up actions were required. Four fatigue assessments were performed 'post-event', one was performed 'for-cause', and  
rith any rule violations or waivers are being monitored. Process deficiencies are being identified, documented, and correcte



urgent issue. The highest number of waivers granted by a group was the Security Department. These waivers were all granted to support the  
If one was performed for 'self declaration'. These fatigue assessments were conducted by the Operations, Maintenance Support, and Radiation



2015 Force on Force Inspection drills. The Force on Force Inspection is very resource intensive for the Security Department, and drill lengths c:  
Protection Departmer



an v.

**Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015 (1 page(s), 1/26/2016)**

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0        |                                          |
|-------------------|------------------------------------------|
| Comment           | Analysis of Waiver Assessment Data       |
| Corrective Action |                                          |
| Comment           | Analysis of Fatigue Assessment Data      |
| Corrective Action |                                          |
| Comment           | Conclusions                              |
| Corrective Action |                                          |
| Comment           | Summary and Status of Corrective Actions |
| Corrective Action |                                          |

| Overview: Yes=1 No=0 |   | General Comments (optional) |
|----------------------|---|-----------------------------|
| Comments             | 0 |                             |
| Corrective Actions   | 0 |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments



**Palo Verde [50-528; 50-529; 50-530], Annual Fatigue Report Form for 2015 (1 page(s), 2/2/2016)**

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0        |                                          |
|-------------------|------------------------------------------|
| Comment           | Analysis of Waiver Assessment Data       |
| Corrective Action |                                          |
| Comment           | Analysis of Fatigue Assessment Data      |
| Corrective Action |                                          |
| Comment           | Conclusions                              |
| Corrective Action |                                          |
| Comment           | Summary and Status of Corrective Actions |
| Corrective Action |                                          |

| Overview: Yes=1 No=0 |   | General Comments (optional) |
|----------------------|---|-----------------------------|
| Comments             | 0 |                             |
| Corrective Actions   | 0 |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments





# River Bend [50-458], Annual Fatigue Report Form for 2015 (1 page(s), 2/29/2016)

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|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

0 0 0 0 0

Sum 0 0 0 0 0

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           | 3                                                                        |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   | 3 |   |
| Most Waivers Provided to a Single Individual |    |   |   | 1 |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 3 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |

Conflicting entries

### Enter values inside red boxes.

| For chemistry (2) | Performing duties of a fire brigade member per 26.4(a)(3) |                    |                         | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) |                    |                         | Performing security duties per 26.4(a)(5) |                    |
|-------------------|-----------------------------------------------------------|--------------------|-------------------------|--------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------|--------------------|
|                   | Operating                                                 | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                                                | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                 | Outage (days 1-60) |
|                   |                                                           |                    |                         | 3                                                                        |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         |                                                                          |                    |                         |                                           |                    |
|                   |                                                           |                    |                         | 3                                                                        |                    |                         |                                           |                    |
|                   | 0                                                         | 0                  | 0                       | 0                                                                        | 0                  | 0                       | 0                                         | 0                  |
|                   | 0                                                         | 0                  | 0                       | 3                                                                        | 0                  | 0                       | 0                                         | 0                  |

<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
1

**Licensee Comments**

There were three waivers granted during the assessment period at River Bend Station (RBS). A Condition report was entered into the correctiv

During the previous calendar year there were two fatigue assessments conducted at River Bend Station (RBS). These were fatigue assessment:

The Fatigue Management Program at RBS is effective in controlling the work hours of covered employees

Condition reports were entered into the corrective action program for all fatigue assessments and the one waiver

| er 26.4(a)(5)           |                 |                          |                               |                |
|-------------------------|-----------------|--------------------------|-------------------------------|----------------|
| Outage (beyond 60 days) | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) | Combined Total |
|                         | 3               |                          |                               | 3              |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         |                 |                          |                               |                |
|                         | 3               |                          |                               | 3              |

| Checksum Calculations |                 |                          |                               |
|-----------------------|-----------------|--------------------------|-------------------------------|
| Checksum Flag         | Operating Total | Outage Total (days 1-60) | Outage Total (beyond 60 days) |
| 0                     |                 |                          |                               |
| 0                     | 3               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     |                 |                          |                               |
| 0                     | 0               | 0                        | 0                             |
| 0                     | 3               | 0                        | 0                             |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 3 | 0 | 0 | 3 | 0 |   |

re action program

s performed for Post Event conditions. There were no For Cause, Self declaration, or Follow-up assessments performed or require

# San Onofre [50-361; 50-362], Annual Fatigue Report Form for 2015 (1 page(s), 2/11/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |



|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 0          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 0          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 0          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 0          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 0                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments



# South Texas Project [50-498; 50-499], Annual Fatigue Report Form for 2015 (1 page(s), 2/17/201

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Less than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

| Yes=1 No=0        |                                          |
|-------------------|------------------------------------------|
| Comment           | Analysis of Waiver Assessment Data       |
| Corrective Action |                                          |
| Comment           | Analysis of Fatigue Assessment Data      |
| Corrective Action |                                          |
| Comment           | Conclusions                              |
| Corrective Action |                                          |
| Comment           | Summary and Status of Corrective Actions |
| Corrective Action |                                          |

| Overview: Yes=1 No=0 |   | General Comments (optional) |
|----------------------|---|-----------------------------|
| Comments             | 0 |                             |
| Corrective Actions   | 0 |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 0                                                                      |

Licensee Comments





# Waterford [50-382 ], Annual Fatigue Report Form for 2015 (1 page(s), 2/3/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 1          |
| Outage           | 1          |
| Outage > 60 days | 0          |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          | 2                                         |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   | 2 |
| Most Waivers Provided to a Single Individual |    |   |   |   | 1 |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 2 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action | 1          |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |



<-- No automatic check for these entries.

|                                                                        |
|------------------------------------------------------------------------|
| Most waivers to an individual (identified from series entered at left) |
| 1                                                                      |

**Licensee Comments**

2 waivers were granted during this 2015 reporting period, both were on line and issued for Security Officers patrol and responder duties with

The data indicated that there was one covered worker that exceeded an average of 54 hours per week in a shift cycle - this condition affected

This fatigue management review concludes notable improvements were made in the control of work hours during the 2015 calendar year and

The Corrective Actions have been handled appropriately for the CR-WF3-2015-06043, which had become a Human Performance Evaluation (H



normal security tasks. A review of individual work hour limit waiver records indicated this is a decrease from 12 waivers issued in the previous report only one individual that was allowed to work 1 individual 12 hour shift when the worker should have been off. This Condition occurred due to a miss particularly with the longer refueling outage that we recently came out of in December. Waterford 3 staffing levels are considered adequate for me (UE) which after much work has now been closed. The CR mentioned here was for the 2 waivers CR-WF3-2015-01642, which indicated needing the w:





ing period of 2014. [CR-W3-2015-0164

ed communication between the project superintendents. The worker averaged 55.67 hours and per EN-OM-123 "Fatigue Management Program  
ating Fatigue Rule requirements for avoiding fatigue. However, they were generally effective, primarily because individuals and managers effectively  
aiver due to maintaining manning levels in accordance with the physical security plan. Personnel were impacted due to uncontrollable illness c



m section 5.9[10](a), upon discovery that one or more work hour limits were exceeded for any covered worker, while performing covered work  
actively utilized the fatigue management program to identify symptoms of fatigue  
calls in that particular week. These Corrective actions have all been closed. Waterford 3 continues to ensure work hours and schedules are ad



k, and the waiver process was not followed or an exception allowance does not apply, a CR for violation of NRC requirements shall be processe

hered to before working additional hc



ed in accordance with CAP EN-LI-102. [CR-WF3-2015-06043]. One Fatigue assessment performed during 2015 concluded individual was not fati





igued by his own assessment or his assessor (Post E)

# Wolf Creek [50-482 ], Annual Fatigue Report Form for 2015 (1 page(s), 2/25/2016)

[Return to Combined](#)

|                  | Yes=1 No=0 |
|------------------|------------|
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no co  
 Checksum calculated values.

## Summary of Waiver Issuance

### Work Hour Controls

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics c duties per 26.4(a) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                      | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accomodating scheduled transition between shift<br>Lass than 34 hour break in 9 days                                                                                                                                                                  |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personne<br>Less than 4 days off per 15 days for security personne                                                                                                                              |                                                                            |                    |                         |                                                |                    |
| <b>Altermate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

## Distribution of Waivers for Individuals in Each Category

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                                 |
|-------------------|------------|-------------------------------------------------|
| Comment           | 1          | <b>Analysis of Waiver Assessment Data</b>       |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Analysis of Fatigue Assessment Data</b>      |
| Corrective Action |            |                                                 |
| Comment           | 1          | <b>Conclusions</b>                              |
| Corrective Action |            |                                                 |
| Comment           | 1          |                                                 |
| Comment           | 1          | <b>Summary and Status of Corrective Actions</b> |
| Corrective Action |            |                                                 |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 1                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

### License Comments

No waivers were initiated for 2015.

Five (5) Fatigue Assessments were completed for 2015. All five (5) fatigue assessments were For-Cause. Actions taken were to place ACAD badg

Waivers: zero waivers were initiated for 2015. No correction action documents were initiated for waiver process or program improvements. Fa

The evaluation review period is 01-01-2015 through 12-31-2015. During this review period zero (0) waivers were performed and five (5) fatigu



ge on hold pending drug & alcohol results. Fatigue Assessments were completed by procedure and by qualified fatigue assessors. All fatigue assessmer  
rtigue Assessments: The 2015 Fatigue Management Annual assessment did identify vaulting issues for two (2) fatigue assessments and those were corr  
re assessments were initiated. Condition reports were initiated for fatigue assessments within the corrective action program. The 2015 Fatigue Mani





nts were documented within the corrective action system.

ected when found. . Reference condition report CR00102272.

agement Annual assessment performed a compliance and performance review of 2015 conditions reports that were initiated for the fatigue m



anagement program and no gaps or areas for improvement were identified. Reference quick hit assessment QH-2016-12

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|                  |            |
|------------------|------------|
|                  | Yes=1 No=0 |
| Waivers          | 0          |
| Outage           |            |
| Outage > 60 days |            |

Key:

Row and column will be green if there are no checksum calculated values.

**Summary of Waiver Issuance**

**Work Hour Controls**

Number of Waivers Issued

|                                                                                                                                                                                                                                                                                                                                                 | Operating or on-site directing of the operations of systems per 26.4(a)(1) |                    |                         | Performing health physics duties per 26.4(a)(5) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                 | Operating                                                                  | Outage (days 1-60) | Outage (beyond 60 days) | Operating                                       | Outage (days 1-60) |
| <b>Daily Work Hours</b><br>Exceeded 16 hrs in 24 hrs<br>Exceeded 26 hrs in 40 hrs<br>Exceeded 72 hrs in 7 days                                                                                                                                                                                                                                  |                                                                            |                    |                         |                                                 |                    |
| <b>Rest Break</b><br>Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition between shifts)<br>Less than 34 hour break in 9 days                                                                                                                                                               |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off Per Shift</b><br>Avg of less than 1 day off per week for 8 hr shifts<br>Avg of less than 2 days off per week for 10 hr shifts<br>Avg of less than 2.5 days off per week for 12 hr shifts<br>Avg of less than 2 days off per week for 12 hr maintenance shifts<br>Avg of less than 3 days off per week for 12 hr security shift: |                                                                            |                    |                         |                                                 |                    |
| <b>Min Days Off for Outage Activities (first 60 days)</b><br>Less than 3 days off per 15 days<br>Less than 1 day off per 7 days for maintenance personnel<br>Less than 4 days off per 15 days for security personnel                                                                                                                            |                                                                            |                    |                         |                                                 |                    |
| <b>Alternate to Minimum Days Off</b><br>54 Hour maximum average                                                                                                                                                                                                                                                                                 |                                                                            |                    |                         |                                                 |                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                    |                                                                            |                    |                         |                                                 |                    |

Checksum Flag

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

|     |   |   |   |   |   |
|-----|---|---|---|---|---|
| Sum | 0 | 0 | 0 | 0 | 0 |
|-----|---|---|---|---|---|

**Distribution of Waivers for Individuals in Each Category**

|                   | Operating or on-site Directing of the operations of systems per 26.4(a)(1) | Performing health physics or chemistry duties per 26.4(a)(2) | Performing duties of a fire brigade member per 26.4(a)(3) | Performing maintenance or onsite direction of maintenance per 26.4(a)(4) | Performing security duties per 26.4(a)(5) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Number of Waivers |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 1                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 2                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 3                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 4                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 5                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 6                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 7                 |                                                                            |                                                              |                                                           |                                                                          |                                           |
| 8                 |                                                                            |                                                              |                                                           |                                                                          |                                           |

|                                              |    |   |   |   |   |
|----------------------------------------------|----|---|---|---|---|
|                                              | 9  |   |   |   |   |
|                                              | 10 |   |   |   |   |
| 20-Nov                                       |    |   |   |   |   |
| More than 20                                 |    |   |   |   |   |
| Total Employees Issued Waivers               |    |   |   |   |   |
| Most Waivers Provided to a Single Individual |    |   |   |   |   |
|                                              | 0  | 0 | 0 | 0 | 0 |
|                                              | 0  | 0 | 0 | 0 | 0 |

**Summary of Corrective Action - 26.203(e)(2) (as applicable)**

|                   | Yes=1 No=0 |                                          |
|-------------------|------------|------------------------------------------|
| Comment           | 1          | Analysis of Waiver Assessment Data       |
| Corrective Action |            |                                          |
| Comment           | 1          | Analysis of Fatigue Assessment Data      |
| Corrective Action |            |                                          |
| Comment           | 1          | Conclusions                              |
| Corrective Action |            |                                          |
| Comment           | 1          | Summary and Status of Corrective Actions |
| Corrective Action |            |                                          |

|                    | Overview: Yes=1 No=0 | General Comments (optional) |
|--------------------|----------------------|-----------------------------|
| Comments           | 1                    |                             |
| Corrective Actions | 0                    |                             |



<-- No automatic check for these entries.

Most waivers to an individual (identified from series entered at left)  
0

**License Comments**

N/A for INPO's Program

N/A for INPO's Program

N/A for INPO's Program

N/A for INPO's Program

Request is hereby made to please forward the information from this and the previous submittal to Region II in accordance with §26.11

