

50-250
50-251

May 6, 1996

Florida Power and Light Company
ATTN: Mr. T. F. Plunkett, President
Nuclear Division
P. O. Box 14000
Juno Beach, FL 33408-0420

Gentlemen:

SUBJECT: LICENSED OPERATOR POSITIVE DRUG TEST

On May 2, 1996, your facility reported that an NRC-licensed operator tested positive for marijuana following a fitness-for-duty test taken on April 29, 1996. This letter is a request for information pertaining to this occurrence. Within 30 days from the date of this letter, please provide answers to the questions listed in the enclosure to this letter and other records and information on this operator's past fitness for duty which are relevant to this occurrence. Any other information that you think is pertinent or useful regarding this occurrence also would be appreciated. We request that any personal privacy, proprietary, or safeguards information in your response be provided in a separate attachment and appropriately marked. The affidavit required by 10 CFR 2.790(b) must accompany your response, where applicable.

You should determine whether the operator meets the requirements of 10 CFR 55.33(a)(1). You should ensure that (1) the operator meets the general health requirements of ANSI/ANS-3.4-1983, (2) the operator does not have a disqualifying condition under Section 5.3 of that standard, and (3) that documentation describing the designated physician's conclusion that the operator meets the requirements of ANSI/ANS-3.4-1983 is available for review by the NRC. If a conditional license is requested per 10 CFR 55.25, that condition should be documented on NRC Form 396 and transmitted to the NRC.

If you determine that the operator no longer meets the medical qualifications described in 10 CFR 55.33(a)(1) then, in accordance with 10 CFR 55.25, you should notify the NRC via letter of the operator's incapacitation. For example, you must notify the NRC if you determine, based on your employee assistance program in consultation with your designated physician, that the operator can no longer meet the medical criteria of ANSI/ANS-3.4-1983.

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The NRC will evaluate the information in your reply to this letter to determine if further action is warranted pursuant to 10 CFR Parts 50 or 55. The information supplied will be maintained in NRC Privacy System of Records-16 and will be subject to the Privacy Act. If you have any questions, please feel free to contact Mr. Thomas A. Peebles, Chief, Operator Licensing and Human Performance Branch, at (404) 331-5541. Your cooperation is appreciated.

Sincerely,

Original signed by Johns P. Jaudon

Albert F. Gibson, Director
Division of Reactor Safety

Docket Nos. 50-250 and 50-251

Enclosure: Licensed Operator Fitness-
For-Duty Questionnaire

cc w/encl: R. J. Hovey, Site Vice President,
Turkey Point Nuclear Plant

Distribution w/encl:

- J. Lieberman, OE
- S. Richards, HOLB, NRR
- S. Guenther, HOLB, NRR
- B. Uryc, EICS
- T. Peebles, DRS
- B. Michael, DRS

PUBLIC

*See previous concurrences

OFFICE	RII:DRS	RII:DRS	RII:DRS	RII:DRP	RII:RA	RII:EICS
SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
NAME	PSteiner:prjs/btm	CPayne	TPeebles	KLandis	CEvans	BURYc
DATE	05 / 6 / 96	05 / 6 / 96	05 / 6 / 96	05 / 6 / 96	05 / 6 / 96	05 / 6 / 96
COPY?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

OFFICE	RII:DRS					
SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>				
NAME	SRichards	AGibson				
DATE	05 / 6 / 96	05 / 6 / 96	05 / / 96	05 / / 96	05 / / 96	05 / / 96
COPY?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO



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Sincerely,

Albert F. Gibson, Director
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*Do Not
Send to PDR*

OFFICE	R11:DRS	R11:DRS	R11:DRS	R11:DRP	R11:RA	R11:EICS
SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
NAME	PSteiner:pms/btm	CPayne	TPeebles	KLahdis	CEvans	BUryc
DATE	05 / 3 / 96	05 / 3 / 96	05 / 3 / 96	05 / 3 / 96	05 / 03 / 96	05 / 03 / 96
COPY?	YES NO	YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES NO	<input checked="" type="checkbox"/> YES NO	YES NO	<input checked="" type="checkbox"/> YES NO

OFFICE	HQ:HOLB	R11:DRS				
SIGNATURE						
NAME	SRichards	AGibson				
DATE	05 / / 96	05 / / 96	05 / / 96	05 / / 96	05 / / 96	05 / / 96
COPY?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO



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Licensed Operator Fitness-for-Duty Questionnaire

The Florida Power and Light Company is requested to provide the following information concerning the fitness-for-duty occurrence of May 2, 1996, regarding the involved licensed operator:

1. Name and responsibilities of the operator.
2. A summary of the operator's entire fitness-for-duty testing history. Please include the dates and times the operator was tested, the reasons for the tests (i.e., random, for-cause, or follow-up), the results of the tests, the facility cut-off level for the substance involved, and the dates that any tests were confirmed positive.
3. Whether the operator used, sold, or possessed illegal drugs. If so, please provide the details of the circumstances surrounding such use, sale, or possession.
4. Whether the operator was at the controls or supervising licensed activities while under the influence of marijuana. If so, please provide the details of the operator's performance of licensed duties while under the influence of marijuana.
5. Whether the operator was involved in procedural errors related to this occurrence. If so, please provide the details of the procedural errors and the consequences of the errors.
6. Your intentions with regard to the operator's resumption of duties under the 10 CFR Part 50 and Part 55 licenses, including your plans for follow-up testing.

Enclosure



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