

DEC 22 1989

In Reply Refer To:  
Dockets: 50-445  
50-446

TU Electric  
ATTN: W. J. Cahill, Jr., Executive  
Vice President, Nuclear  
Skyway Tower  
400 North Olive, L.B. 81  
Dallas, Texas 75201

Gentlemen:

SUBJECT: MEETING TO PRESENT CHANGES IN LICENSED OPERATOR EXAMINATION AND  
REQUALIFICATION PROGRAMS

On Thursday, November 30, 1989, representatives listed in Enclosure 1 met in the Region IV office to discuss ongoing changes in the licensed operator program and related questions. The discussions centered around four basic areas: (1) the Generic Fundamentals Examination Section, (2) the Site Specific Examination Section, (3) the licensed operator requalification program, and (4) miscellaneous changes and issues affecting licensed operators. The overlays and handouts from this meeting are Enclosure 2. If you have any questions, please feel free to contact J. L. Pellet, Chief, Operator Licensing Section, at (817)860-8159.

Sincerely,

*Original Signed By:*  
*S. J. Westerman*

*for* Samuel J. Collins, Director  
Division of Reactor Projects

Enclosures:  
As stated

cc w/enclosures: (see next page)

C:OLS *W*  
JLPellet/lb *W* D:DRS *W* 12/20  
12/20/89 LJCallan *W* 12/20/89  
D:DRP *W*  
SJCollins  
12/21/89

9001050163 891222  
PDR ADDCK 05000445  
PNU

*TRP*  
*11*

TU Electric

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TU Electric  
ATTN: Roger D. Walker, Manager,  
Nuclear Licensing  
Skyway Tower  
400 North Olive Street, L.B. 81  
Dallas, TX 75201

Juanita Ellis  
President - CASE  
1426 South Polk Street  
Dallas, TX 75224

GDS Associates, Inc.  
Suite 720  
1850 Parkway Place  
Marietta, GA 30067-8237

Billie Pirner Garde, Esq.  
Robinson, Robinson, et. al.  
103 East College Avenue  
Appleton, WI 54911

TU Electric  
Bethesda Licensing  
3 Metro Center, Suite 610  
Bethesda, MD 20814

Heron, Burchette, Ruckert, & Rothwell  
ATTN: William A. Burchette, Esq.  
Counsel for Tex-La Electric  
Cooperative of Texas  
1025 Thomas Jefferson St., N.W.  
Washington, DC 20007

E. F. Ottney  
P.O. Box 1777  
Glen Rose, TX 76043

Newman & Holtzinger, P.C.  
ATTN: Jack R. Newman, Esq.  
1615 L. Street, N.W.  
Suite 1000  
Washington, DC 20036

Texas Department of Labor & Standards  
ATTN: G. R. Bynog, Program Manager/  
Chief Inspector  
Boiler Division  
P.O. Box 12157, Capitol Station  
Austin, TX 78711

TU Electric

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Honorable George Crump  
County Judge  
Glen Rose, TX 76043

Texas Radiation Control Program Director  
1100 West 49th Street  
Austin, Texas 78756

bcc w/enclosures:  
bcc to DMB (IE42)

bcc distrib. by RIV:

R. D. Martin, RA  
Section Chief (DRP)  
RIV File  
Project Engineer, DRP/B  
DRS

Licensee & Debt Collection Branch  
ATTN: Leah Tremper

RPB-DRSS  
MIS System  
DRP

J. L. Pellet  
NRR:Project Manager  
J. L. Pellet Reading File

ATTENDANCE LIST

AP&L

Edward D. Wentz, Operations Training Supervisor  
Paul D. Crossland, Operations Training Supervisor  
Ed Force, Manager Training  
Kenneth Canitz, Operations Training Supervisor

GSU

Dale Andrews, Director, Nuclear Training  
Rick Jackson, Supervisor, Operations Training

HL&P

Jim Constantin, Supervisor, Simulator Training  
William Dowdy, Shift Supervisor  
Paul Appleby, Training Manager

LP&L

Charles J. Toth, Training Manager  
Jay O'Hern, Operations Training Supervisor  
Wayne L. Smith, Simulator Training Supervisor

NPPD

Jeff Boyd, SRO/RO Instructor  
Mark Gillan, Action Operations Training Supervisor  
Cuane Shallenberger, SRO/RO Instructor

OPPD

Jeff Spilker, Operations Engineer  
Michael Lazar, Supervisor, Operations Technical Training

PSC

Ted Borst, Nuclear Training Manager  
Ken Einig, Nuclear Training Supervisor  
M. E. Deniston, Superintendent of Operations  
David Goss, Nuclear Regulatory Affairs Manager

TU

Jerry Walker, Operation/Engineering Training Manager  
Jerry McMahon, Manager Training  
John Ellard, Simulator Training Supervisor  
Greg Bell, Nuclear Licensing

WCNOC

James A. Zell, Manager Training

CASE

Owen L. Thero

Edna Ottney

NRC

John L. Pellet, Chief, Operator Licensing Section, NRC

Ted Szymanski, Technical Assistant, NRC-OLB

Mark Satorius, Operator Licensing Examiner, NRC-Region IV

Jack Keeton, Operator Licensing Examiner, NRC-Region IV

Stephen L. McCrory, Operator Licensing Examiner, NRC-Region IV

Kriss Kennedy, Operator Licensing Examiner, NRC-Region IV

Joel Wiebe, NRC-CPPD

OPERATOR LICENSING PROGRAM MEETING

NOVEMBER 30, 1989

GENERIC FUNDAMENTALS EXAM SECTION

SITE SPECIFIC EXAM SECTION

REQUALIFICATION EXAMINATIONS

MISCELLANEOUS TOPICS

## GENERIC FUNDAMENTALS EXAM SECTION

- 3x/year, early Oct., Feb., & June.
- 100 points, 2½ hour, mult. choice.
- Required unless previously licensed since '82 on comparable (B/PWR) plant.
- Stand-alone exam (part of exam process but not averaged in with SSES).
- 80% to pass.
- Eligible to take if in program leading to license.
- Passing is condition of application (can't apply for license until passed).

## SITE SPECIFIC EXAM SECTION

- Single category, 80% to pass.
- 100 point exam.
- 4½ hour length.
- Multiple choice with some matching. Impacts on use of fac. bank. Scores may be lower since no credit for partial knowledge. Less memorization since recognition vs. recall.
- Pre-exam review normal & encouraged. Technical and content OK. Expect post-admin comments by end of exam week.
- Copy of modified sample plan attached.
- Material problems recurrent. Impact greater with new format. Being identified in pre-review not enough.
- SSES exam sets getting smaller. May be problem as requal uses more resources.
- SRO Upgrade same as instant in plant.



## REQUALIFICATION EXAMINATIONS

- All 1<sup>st</sup> round satisfactory in RIV, some barely.
- Facility encouraged to submit proposed exam with other material.
- Security of exam material must be addressed, both before and after some or all of facility bank submitted to NRC.
- NRC team members assigned by facility need to understand role and want job. They have major role in success or failure of program & individuals.

## REQUALIFICATION EXAMINATIONS

- Performance weaknesses in 1<sup>st</sup> round:
  - Written, especially sect. A,
  - JPM failure due to procedure problem,
  - JPM failure due to inability to follow procedure (occasional),
  - Evaluator ability to cue and objectively evaluate.
  - Lack of operator understanding of open reference test, and
  - Lack of familiarity with ES-601.
  
- Material weaknesses in 1<sup>st</sup> round:
  - Written item construction,
  - Simulator ISCT identification,
  - Simulator time critical task ident.,
  - JPM critical task definition,
  - JPM objective performance standard,
  - Written content of sect. A vs. B,
  - JPM problems not found during validation/walkdown, and
  - Sample plans weak or nonexistent.
  
- Recent changes involving simulator:
  - At least 2 ISCTs per person,
  - Goal is examine as operate & train, limited to 5 + STA, and
  - All SROs evaluated directing operators, using EOPs, & implementing E-plan.

## MISCELLANEOUS NEWS

- Several problems in last year related to licensed operators assuming watch when not qualified to do so. Examples include:
  - Going beyond two year medical time period.
  - Failing to recognize going inactive.
  - Returning to watch after failing annual requal exam before re-exam.
  - At dual unit site after giving up license on one unit.
- Policy on response to second failure of NRC requalification exam under review. Case basis for now.
- Schedule for RIV attached for '90 & '91.
- Advance copies of revised 396 & 398 attached. LA sending limited supply in December. Use for applications after February 1, 1990.

**BOILING WATER REACTOR (BWR)  
SITE SPECIFIC EXAM SECTION  
SAMPLE PLAN**

| <u>E / APE'S</u>           | (K1, K2, K3, A1, A2, SG) | <u>RO<br/>POINTS</u> | <u>SRO<br/>POINTS</u> |
|----------------------------|--------------------------|----------------------|-----------------------|
| GROUP 1                    |                          | 13                   | 17                    |
| GROUP 2                    |                          | 19                   | 26                    |
| GROUP 3                    |                          | 4                    |                       |
|                            |                          |                      |                       |
| <u>PLANT SYSTEMS</u>       | (K1-6, A1-4, SG)         |                      |                       |
| GROUP 1                    |                          | 28                   | 23                    |
| GROUP 2                    |                          | 19                   | 13                    |
| GROUP 3                    |                          | 4                    | 4                     |
|                            |                          |                      |                       |
| <u>PLANT WIDE GENERICS</u> |                          | 13                   | 17                    |
|                            |                          | <hr/>                | <hr/>                 |
| TOTAL POINTS:              |                          | 100                  | 100                   |

PRESSURIZED WATER REACTOR (PWR)  
 SITE SPECIFIC EXAM SECTION  
 SAMPLE PLAN

| <u>EPE'S</u>               | (K1, K2, K3, A1, A2, SG) | <u>RO</u><br><u>POINTS</u> | <u>SRO</u><br><u>POINTS</u> |
|----------------------------|--------------------------|----------------------------|-----------------------------|
| GROUP 1                    |                          | 16                         | 24                          |
| GROUP 2                    |                          | 17                         | 16                          |
| GROUP 3                    |                          | 3                          | 3                           |
|                            |                          |                            |                             |
| <u>PLANT SYSTEMS</u>       | (K1-6, A1-4, SG)         |                            |                             |
| GROUP 1                    |                          | 23                         | 19                          |
| GROUP 2                    |                          | 20                         | 17                          |
| GROUP 3                    |                          | 8                          | 4                           |
|                            |                          |                            |                             |
| <u>PLANT WIDE GENERICS</u> |                          | 13                         | 17                          |
|                            |                          | -----                      | -----                       |
| TOTAL POINTS:              |                          | 100                        | 100                         |

Region IV Facility Exam Requests as of 29-Nov-89

| FY | AND1                    | AND2                       | DP                             | CNS                                | FCS                                     | FSV            |
|----|-------------------------|----------------------------|--------------------------------|------------------------------------|---|----------------|
| 90 | 11/13/89 6 RD           |                            | 6/25/90 6 UG                   | 2/26/90 4 UG                       | 5/14/90 4 RD                            | 1/29/90 1 SSLD |
|    | 8/27/90 6 RD<br>6 SRD   | 7/30/90 RQ-30<br>8/6/90 RQ | 11/27/90 8 RD<br>6 UG<br>2 SRD |                                    |   |                |
| 91 | 2/91 RQ-30<br>2/91 8 RD | 12/10/90 6 RD<br>6 UG      | 6/91 6 RD<br>2 SRD             | 5/91 6 RD<br>2 SRD 5 UG<br>1st SIM | 10/7/90 6 RD<br>3 SRD<br>1st SIM        |                |
|    | 8/91 6 RD<br>6 UG       |                            | 6/91 RQ-30                     |                                    | 5/91 5 RD<br>4 SRD                      |                |
| 92 | 8/92 6 RD<br>6 UG       | 12/91 6 RD<br>6 UG         | 11/91 4 RD<br>2 SRD<br>2 UG    | 11/91 RQ-30                        | 10/91 4 RD<br>2 SRD 4 UG<br>10/91 RQ-20 |                |
|    |                         | 7/92 RQ-30                 | 6/92 6 RD<br>2 UG              | 5/92 6 RD<br>11/92 RD-R            | 5/92 3 RD<br>1 SRD<br>3 UG              |                |
| RQ |                         |                            |                                |                                    |   |                |
| 89 | 5/89-12                 | -                          | 7/89-12                        | 9/89-12                            | 4/89-5                                  | -              |
| 90 | -                       | 7/90-30                    | -                              | -                                  | -                                       | -              |
| 91 | 2/91-30                 | -                          | 6/91-30                        | -                                  | 10/91-20                                | -              |
| 92 | -                       | 7/92-30                    | -                              | 11/91-30                           | -                                       | -              |
| 93 | 2/93-R                  | -                          | 6/93-R                         | 11/92-R                            | 10/93-R                                 | -              |

Region IV Facility Exam Requests as of 29-Nov-89

| FY | RB  | STP                         | WF3                    | WC                            |
|----|---|-----------------------------|------------------------|-------------------------------|
| 90 | 10/16/89 2 RD<br>2 UG                       | 3/12/90 RQ-30<br>3/19/90 RQ |                        | 11/20 5 RD<br>1 SRD           |
|    | 1/29/90 RQ-30<br>2/5/90 RD<br>8/6/90 5R3SRD | 9/24/90 4 RD<br>12 SRD      | 9/10/90 5 SRD<br>10 UG |                               |
| 91 | 6/91 6 RD<br>2 SRD<br>3 UG                  | 9/91 4 RD<br>8 SRD          | 2/91 RT                | 10/22/90 RQ-30<br>10/29/90 RQ |
|    |   |                             | 9/91 RQ-30             | 4/91 9 RD<br>3 SRD            |
| 92 | 12/91 RQ-30<br>12/91 6 RD<br>2 SRD 3 UG     | 3/92 RQ-30                  | 2/92 10 RD             | 10/91 RQ-30                   |
|    |   | 9/92 3 RD<br>5 SRD          | 9/92 RT                | 4/92 9 RD<br>6 UG             |
| RQ |   |                             |                        |                               |
| 89 | -   | -                           | 9/89-12                | -                             |
| 90 | 1/90-30                                     | 3/90-30                     | -                      | -                             |
| 91 | -   | -                           | 9/91-30                | 10/90-30                      |
| 92 | 12/91-30                                    | 3/92-30                     | -                      | 10/91-30                      |
| 93 | -   | -                           | 9/93-R                 | -                             |

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## SUMMARY OF CHANGES TO NRC FORM 398

- Item 4.d - Added clarifying statement to indicate this is to be checked only if application is to amend license to add additional unit(s).
- Item 4.f - Added "(Category)" to Operating.  
Added "Medical".
- Item 4.g - Added a new item "Date Passed Generic Fundamentals Examination Section".
- Item 12.3 - Changed wording to "Certified Startup Program Completed" for clarification.
- Item 12.5 - Changed wording to "Extra Person On Shift In Control Room (13-week minimum)" for clarification.
- Item 12.5a - Added a new item "Time On Shift Above 20% Power (6-week minimum)".
- Item 14.a - Added the words "That Is Based Upon A Systems Approach to Training" for clarification.
- Item 15 - Added "Date and Result of Most Recent NRC Administered Requalification Examination".
- Item 19.a - Added the wording "I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility".
- Item 19.b and  
Item 19.c - Moved 19.b and 19.c together. Applicable box must now be checked. Also added block for typed name of Training Coordinator and Senior Management Representative On Site.
- FOR NRC USE - Under waiver category added "Medical".

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INSTRUCTIONS FOR COMPLETING NRC FORM 388  
PERSONAL QUALIFICATION STATEMENT—LICENSEES  
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

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4. TYPE OF APPLICATION

2a NEW - "X" IF YOU ARE A NEW APPLICANT. COMPLETE EACH CATEGORY OF THE FORM COMPLETELY, FOLLOWING THE INSTRUCTIONS BELOW. THIS IS TO INCLUDE ALL EDUCATION, TRAINING AND EXPERIENCE THAT YOU HAVE RECEIVED UP TO THE DATE OF THIS APPLICATION. NOTE: SEE ITEM 14 - THERE IS AN EXCEPTION. ALSO, THIS BLOCK IS TO BE MARKED IF PREVIOUS NEW APPLICATION WAS WITHDRAWN. PLEASE WRITE "WITHDREW" NEXT TO "NEW."

2b thru 2d - FOR 2b THRU 2d, COMPLETE EACH CATEGORY COMPLETELY, BUT INDICATE ONLY THE EDUCATION, TRAINING, AND EXPERIENCE YOU HAVE RECEIVED SINCE YOUR LAST APPLICATION. NOTE: SEE ITEM 14 - THERE IS AN EXCEPTION.

2b RENEWAL - "X" IF YOU ARE RENEWING CURRENT LICENSE.

2c UPGRADE - "X" IF YOU HOLD A RO LICENSE AND ARE NOW APPLYING TO UPGRADE YOUR LICENSE TO A BRO.

2d MULTI-UNIT - "X" IF YOU CURRENTLY HOLD A LICENSE AT YOUR FACILITY AND ARE APPLYING TO AMEND YOUR CURRENT LICENSE TO ADD AN ADDITIONAL UNIT.

2e REAPPLICATION - "X" IF YOU HAVE PREVIOUSLY BEEN DENIED A LICENSE AND ARE REAPPLYING.

2f WAIVER REQUESTED - "X" THE APPLICABLE WAIVER REQUESTED AND JUSTIFY IN COMMENTS SECTION (ITEM 17).

2g DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (GFES). THIS IS NOT APPLICABLE TO RESEARCH REACTORS. ENTER THE MONTH AND YEAR THE GENERIC FUNDAMENTALS EXAMINATION SECTION OF THE WRITTEN EXAMINATION WAS PASSED. IF THE GFES WAS NOT TAKEN, YOU MUST HAVE PASSED AN NRC LICENSING EXAMINATION ON THE APPLICABLE REACTOR TYPE (PWR OR BWR) AFTER FEBRUARY 1, 1982, WHICH LED TO THE ISSUANCE OF A LICENSE. THIS DOES NOT INCLUDE INSTRUCTOR CERTIFICATION EXAMINATIONS OR REQUALIFICATION EXAMINATIONS.

11. EDUCATION - INDICATE BOTH ACADEMIC AND VOCATIONAL/TECHNICAL POST HIGH SCHOOL EDUCATION. FOR MAJOR AREA(S) OF STUDY, INDICATE THE NUMBER OF YEARS SPENT IN EACH COLLEGE CURRICULUM AND THE HIGHEST DEGREE RECEIVED, USING THE DEGREE CODE PROVIDED. FOR VOCATIONAL/TECHNICAL EDUCATION, INCLUDE PROGRAMS SUCH AS NUCLEAR POWER SCHOOL, MILITARY TRAINING, AIR CONDITIONING/REFRIGERATION, DIESEL MECHANIC SCHOOL, ETC. INDICATE THE NUMBER OF MONTHS IN EACH PROGRAM AND WHETHER A CERTIFICATE OR DEGREE WAS AWARDED. IF ADDITIONAL SPACE IS NEEDED, CONTINUE UNDER COMMENTS (ITEM 17).

12. TRAINING - INDICATE THE TRAINING YOU HAVE RECEIVED TO MEET THE REQUIREMENTS OF ANSI N16.1/ANS 3.1. THE BREAKDOWN OF TRAINING IN THIS CATEGORY PARALLELS THE ANS STANDARDS. REFER TO THE STANDARDS IF YOU NEED FURTHER CLARIFICATION. INCLUDE BOTH BEGINNING AND COMPLETION DATES AND THE TOTAL NUMBER OF WEEKS SPENT IN EACH TYPE OF TRAINING. THE NUMBER OF WEEKS IS PROVIDED, IN ADDITION TO BEGINNING AND COMPLETION DATES, TO ACCOUNT FOR INTERMITTENT TRAINING (FOR EXAMPLE, 4 WEEKS OF CLASSROOM TRAINING SPREAD OVER A 2-MONTH PERIOD). THEREFORE, THE DATE COLUMNS MAY INDICATE A LARGER TIME SPAN THAN THE ACTUAL NUMBER OF WEEKS SPENT IN FULL-TIME TRAINING. TIME IN TRAINING FOR THE LICENSE APPLIED FOR CANNOT BE DOUBLE COUNTED UNDER EXPERIENCE (ITEM 13).

ALL REQUALIFICATION TRAINING TIME IS TO BE ACCOUNTED FOR IN THE REQUALIFICATION ITEM. PLEASE DO NOT "DOUBLE LIST" THE TIME SPENT IN REQUALIFICATION TRAINING UNDER ITEM 12, REQUALIFICATION, EVEN THOUGH IT MAY INCLUDE CLASSROOM OR SIMULATOR TIME.

13. EXPERIENCE - A MINIMUM OF 6 MONTHS AT THE SITE FOR WHICH THE LICENSE IS SOUGHT IS REQUIRED. FOR EACH POSITION HELD, COMPLETE ITEM 16. DO NOT DOUBLE COUNT TIME. IF YOU HAD OVERLAPPING DUTIES, THE MONTHS SHOULD REFLECT THE PROPORTIONATE AMOUNT OF TIME YOU WERE ASSIGNED TO THOSE PARTICULAR DUTIES. IN NO CASE SHOULD THE NUMBER OF MONTHS REPORTED FOR A PARTICULAR TIME PERIOD EXCEED THE NUMBER OF MONTHS THAT ARE IN THAT TIME PERIOD.

14. FACILITY OPERATOR TRAINING PROGRAM - INDICATE a. GRADUATE OF INPO ACCREDITED OPERATOR TRAINING PROGRAM; AND b. CERTIFIED (ON NRC FORM 474) OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM. IF "YES" IS CHECKED IN BOTH ITEMS 14a AND 14b, THEN ITEMS 11 (EDUCATION), 12 (TRAINING), 13 (EXPERIENCE), AND 16 (EXPERIENCE DETAILS) DO NOT HAVE TO BE DOCUMENTED. NEW APPLICATIONS MUST STILL INCLUDE THE NUMBER OF SIGNIFICANT CONTROL MANIPULATIONS UNDER ITEM 13.3. NOTE: INPO ACCREDITED MEANS ACCREDITATION BY THE NATIONAL NUCLEAR ACCREDITING BOARD AND MEANS THAT AT LEAST THE MINIMUM REQUIREMENTS OF REGULATORY GUIDE 1.8, REV. 2, ARE MET.

15. FOR RENEWALS ONLY - (1) ENTER THE APPROXIMATE NUMBER OF HOURS SINCE PREVIOUS RENEWAL OR ISSUANCE OF LICENSE IF FIRST RENEWAL. (2) ENTER DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION.

16. EXPERIENCE DETAILS - INCLUDE POSITION TITLE, TIME PERIOD—FROM/TO, FACILITY, AND A BRIEF DESCRIPTION OF DUTIES PERFORMED WHILE SERVING IN THAT POSITION. IF MORE SPACE IS NEEDED, USE COMMENTS (ITEM 17), OR IF NECESSARY, ATTACH ADDITIONAL INFORMATION.

17. COMMENTS - USE THIS SPACE TO INCLUDE ANY EXTRA INFORMATION OR CLARIFICATION FOR OTHER ITEMS ON THE APPLICATION FORM. IF THE SPACE PROVIDED IS NOT SUFFICIENT, YOU MAY ATTACH EXTRA INFORMATION WITH YOUR APPLICATION.

18. NRC FORM 388, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE - MUST ACCOMPANY THIS APPLICATION.

19. SIGNATURES - SIGN AND DATE ITEM 19a. OBTAIN YOUR TRAINING COORDINATOR'S SIGNATURE AND THAT OF YOUR SENIOR MANAGEMENT REPRESENTATIVE ON SITE.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 388 (ORIGINAL AND TWO COPIES EACH) TO THE APPRO-



PERSONAL QUALIFICATION STATEMENT-LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (I&R), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (5150-0001), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)

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6. TYPE OF APPLICATION (Check applicable boxes)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. NEW   | <input type="checkbox"/> 8. REAPPLICATION | <input type="checkbox"/> 1. WAIVER REQUESTED (Apply on Reverse) |
| <input type="checkbox"/> 2. RENEWAL   | <input type="checkbox"/> 1. FIRST         | <input type="checkbox"/> 1. WRITTEN/Category/                   |
| <input type="checkbox"/> 3. RENEWAL   | <input type="checkbox"/> 2. SECOND        | <input type="checkbox"/> 2. OPERATING/Category/                 |
| <input type="checkbox"/> 4. UPGRADE   | <input type="checkbox"/> 3. THIRD         | <input type="checkbox"/> 3. ELIGIBILITY                         |
| <input type="checkbox"/> 5. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)                           |   | <input type="checkbox"/> 4. MEDICAL                             |
| <input type="checkbox"/> 6. DATE PASSED GENERIC FLORIDA-MENTALS EXAMINATION SECTION (IF APPLICABLE) | MM YY                                     | <input type="checkbox"/> 5. OTHER                               |

2. CITIZENSHIP

|   |       |     |      |
|---|-------|-----|------|
| <input type="checkbox"/> a. UNITED STATES   | MONTH | DAY | YEAR |
| <input type="checkbox"/> b. OTHER (Specify) |       |     |      |

3. BIRTH DATE

|  |                  |        |                   |                    |                           |
|--|------------------|--------|-------------------|--------------------|---------------------------|
| <input type="checkbox"/> a. OPERATOR                         | b. DOCKET NUMBER | RD BRD | c. LICENSE NUMBER | d. EXPIRATION DATE | e. FACILITY DOCKET NUMBER |
| <input type="checkbox"/> b. SENIOR OPERATOR                  | 55-              |        |                   | MONTH DAY YEAR     | 50-                       |
| <input type="checkbox"/> c. LIMITED BRD (e.g., Fuel Handler) |                  |        |                   |                    |                           |

6. PREVIOUS LICENSE(S) HELD

5. TYPE OF LICENSE APPLIED FOR

|  |  |  |  |
|--|--|--|--|
| 7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER |  | 10. CURRENT POSITION AT FACILITY                           |  |
|  |  | <input type="checkbox"/> a. PLANT SUPERINTENDENT           | <input type="checkbox"/> LAUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR /NON LICENSED OPERATOR |
|  |  | <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT |  |
|  |  | <input type="checkbox"/> c. SHIFT SUPERVISOR               | <input type="checkbox"/> d. OTHER (Specify)  |
| 8. NAME OF APPLICANT'S FACILITY                                |  | e. STAFF ENGINEER  |  |
| 9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licensees)          |  | f. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER                  |  |
|  |  | g. INSTRUCTOR  |  |
|  |  | h. SENIOR CONTROL ROOM OPERATOR                            |  |
|  |  | i. CONTROL ROOM OPERATOR                                   |  |

8. NAME OF APPLICANT'S FACILITY

9. ADDITIONAL FACILITY DOCKETS (Multi-Unit Licensees)

11. EDUCATION

|  |                           |                    |                   |   |   |                      |                                   |
|--|---------------------------|--------------------|-------------------|---|---|----------------------|-----------------------------------|
| 6. HIGH SCHOOL                           | 7. MAJOR AREA(S) OF STUDY | 8. NUMBER OF YEARS | 9. HIGHEST DEGREE | 10. DEGREE CODES (To be used for "HIGHEST DEGREE" column) | 11. VOCATIONAL/TECHNICAL TYPE OF TRAINING | 12. NUMBER OF MONTHS | 13. CERTIFICATE RECEIVED (YES/NO) |
| <input type="checkbox"/> GRADUATE        | ENGINEERING (FIELDS)      |                    |                   | 0. NONE   |   |                      |                                   |
| <input type="checkbox"/> GED EQUIVALENCY | OTHER                     |                    |                   | 1. CERTIFICATE  |   |                      |                                   |
| <input type="checkbox"/> NO              |                           |                    |                   | 2. ASSOCIATE  |   |                      |                                   |
| 14. NUMBER OF YEARS OF COLLEGE           |                           |                    |                   | 3. BACHELOR   |   |                      |                                   |
|  |                           |                    |                   | 4. MASTER   |   |                      |                                   |
|  |                           |                    |                   | 5. DOCTORAL   |   |                      |                                   |

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

| 1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)        | a. MONTH AND YEAR |    | b. NUMBER OF MONTHS |
|---|-------------------|----|---------------------|
|   | FROM              | TO |                     |
| 2 - PLANT SYSTEMS CLASSROOM OBSERVATION                 |                   |    |                     |
| 3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT |                   |    |                     |
| SIMULATOR OPERATING (Include Classroom)                 |                   |    |                     |
| SIMULATOR NAMES   |                   |    |                     |
| a.  |                   |    |                     |
| b.  |                   |    |                     |
| CERTIFIED STARTUP PROGRAM COMPLETED                     | YES               | NO |                     |
| NUMBER OF REACTIVITY MANIPULATION                       |                   |    |                     |
| 4 - BRO INSTRUCTION                                     |                   |    |                     |
| 5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM               |                   |    |                     |
| 6 - REQUALIFICATION                                     |                   |    |                     |
| 7 - OTHER (Specify)                                     |                   |    |                     |

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

| NAVY  | a. MONTH AND YEAR |    | b. NUMBER OF MONTHS |
|---|-------------------|----|---------------------|
|   | FROM              | TO |                     |
| 1 - RO  |                   |    |                     |
| 2 - EDOW/PPWO   |                   |    |                     |
| 3 - SWS/PPWS  |                   |    |                     |
| 4 - ERS/CRW   |                   |    |                     |
| 5 - OTHER (Specify)                                   |                   |    |                     |
| 6 - OPERATOR  |                   |    |                     |
| 7 - SUPERVISOR  |                   |    |                     |
| 8 - PLANT STAFF                                       |                   |    |                     |
| 9 - OTHER (Specify)                                   |                   |    |                     |
| COMMERCIAL NUCLEAR (Including Research/Test Reactors) |                   |    |                     |
| 10 - REACTOR OPERATOR (Licensee)                      |                   |    |                     |
| 11 - SENIOR OPERATOR (Licensee)                       |                   |    |                     |
| 12 - SHIFT SUPERVISOR (Licensee)                      |                   |    |                     |
| 13 - STAFF/SHIFT ENGINEER (Licensee)                  |                   |    |                     |
| 14 - AUX/BOUP OPERATOR (Non-Licensee)                 |                   |    |                     |
| 15 - PLANT STAFF                                      |                   |    |                     |
| 16 - OTHER (Specify)                                  |                   |    |                     |

# DRAFT

ENCLOSURE 1

NRC FORM 286  
110-09  
10 CFR 55.23, 55.27  
Rev. 05-87

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO. 3150-0004  
EXPIRES: 1-31-91

## CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN FOR RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 20 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (F&M), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0094), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

FACILITY

FACILITY DOCKET NUMBER

### A. MEDICAL EXAMINATION CERTIFICATION

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

PRINTED NAME of Physician

STATE AND LICENSE NUMBER

EXAMINATION DATE

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 16.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

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

- 1. NO RESTRICTIONS
- 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

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

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

### B. NONMEDICAL CERTIFICATION

POWER REACTORS:

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

NON-POWER REACTORS:

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDES' REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 26.

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

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) | TITLE

DATE

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

Regional Administrator, Region I  
U.S. Nuclear Regulatory Commission  
475 Alleghense Road  
King of Prussia, PA 19406

Regional Administrator, Region II  
U.S. Nuclear Regulatory Commission  
101 Marietta Street, Suite 3100  
Atlanta, GA 30323

Regional Administrator, Region III  
U.S. Nuclear Regulatory Commission  
706 Roosevelt Road  
Geneseo, IL 60137

Regional Administrator, Region IV  
U.S. Nuclear Regulatory Commission  
611 Ryan Plaza Drive, Suite 1000  
Arlington, TX 76011

Regional Administrator, Region V  
U.S. Nuclear Regulatory Commission  
1480 Mara Lane, Suite 210  
Walnut Creek, CA 94596

# DRAFT

### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(a)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 286. This information is maintained in a system of records designated as NRC-18 and described as 81 Federal Register 33157 (September 18, 1986).

AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

**14. FACILITY OPERATOR TRAINING PROGRAM**

|   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| <b>a. GRADUATE LEVEL ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING</b> | YES | NO | <b>b. CERTIFIED OR NRC FORM 385 SIMULATION FACILITY OR PREPARATION OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM</b> | YES | NO |
|---|-----|----|---|-----|----|

**15. FOR RENEWALS ONLY**

|                                   |   |             |               |      |
|-----------------------------------|---|-------------|---------------|------|
| <b>a. HOURS OPERATED FACILITY</b> | <b>b. DATE AND RESULT OF MOST RECENT NRC ADMINISTERED REQUALIFICATION EXAMINATION</b> | <b>DATE</b> | <b>RESULT</b> |      |
|                                   |   |             | PASS          | FAIL |

**16. EXPERIENCE DETAILS**

| a. POSITION TITLE | FROM | TO | b. FACILITY | c. DUTIES    |
|-------------------|------|----|-------------|--------------|
|                   |      |    |             | <b>DRAFT</b> |

**17. COMMENTS** *(Specify the item number to which you are referring. Attach additional sheets as necessary.)*

**18. NRC FORM 385, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED**

**ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.**

**18a.** I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instances where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a Licensee's testing facility for alcohol or a controlled substance, and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 28; (3) any instances where I have been arrested for the use or possession of a controlled substance described in 10 CFR Part 28; and (4) any reasons for removal or revocation of unlicensed access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing returning procedures, as necessary.

SIGNATURE—APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**CHECK APPLICABLE BOX**

- a.** I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 43; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.
- b. RENEWAL ONLY —** I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (h) of 10 CFR 50, and that he/she has discharged his/her licensee responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

|                             |            |   |            |
|-----------------------------|------------|---|------------|
| <b>TRAINING COORDINATOR</b> |            | <b>SENIOR MANAGEMENT REPRESENTATIVE ON SITE</b> |            |
| PRINTED OR TYPED NAME _____ |            | PRINTED OR TYPED NAME _____                     |            |
| SIGNATURE _____             | DATE _____ | SIGNATURE _____                                 | DATE _____ |

**FOR NRC USE**

| <b>WAIVER (Check or Complete Items, as applicable)</b> |              |       |              | <b>MEETS REQUIREMENTS</b> | <b>DOES NOT MEET REQUIREMENTS (Explain below)</b> |
|--|--------------|-------|--------------|---------------------------|---|
| CATEGORY   | GRANTED BY   |       | DENIED BY    |                           | <b>DRAFT</b>                                      |
|  | HEADQUARTERS | FIELD | HEADQUARTERS | FIELD                     |   |
| WRITTEN  |              |       |              |                           |   |
| OPERATING  |              |       |              |                           |   |
| ELIGIBILITY  |              |       |              |                           |   |
| MEDICAL  |              |       |              |                           | SIGNATURE—REVIEWER _____                          |
| OTHER  |              |       |              |                           | DATE _____  |

SUMMARY OF CHANGES TO NRC FORM 395

Medical Examination Certification - Added block "Restriction Change From Previous Submittal" plus Remarks section.

Non-Medical Certification

- Changed non-medical certification statement to: Power Reactors-This certifies that the applicant has been found to meet the safeguards' and fitness for duty requirements of this facility for licensed operators. Nonpower-This certifies that the applicant has been found to meet the safeguards' requirements of this facility for licensed operators and I have no knowledge of the applicant exceeding the cutoff levels for alcohol or controlled substances as established pursuant to 10 CFR 26.

**DRAFT**

**DRAFT**