

DEC 22 1989

In Reply Refer To:  
Docket: 50-458

Gulf States Utilities  
ATTN: James C. Deddens  
Senior Vice President (RBNG)  
P.O. Box 220  
St. Francisville, Louisiana 70775

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:*  
*J. S. Westerman*

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

Enclosures:  
As stated

cc w/enclosures: (see next page)

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

\*Previous concurrence

9001050180 891222  
PDR AD0CK 0500045B  
PNU

*IFAP*  
*11*

Gulf States Utilities

- 2 -

cc w/enclosures:

Gulf States Utilities Company  
ATTN: J. E. Booker, Manager-  
River Bend Oversight  
P.O. Box 2951  
Beaumont, TX 77704

Conner and Wetterhahn  
ATTN: Troy B. Conner, Jr., Esq.  
1747 Pennsylvania Avenue, NW  
Washington, D.C. 20006

Gulf States Utilities Company  
ATTN: Les England, Director  
Nuclear Licensing  
P.O. Box 220  
St. Francisville, LA 70775

Richard M. Troy, Jr., Esq.  
Assistant Attorney General in Charge  
State of Louisiana Department of Justice  
234 Loyola Avenue  
New Orleans, Louisiana 70112

Mr. J. David McNeill, III  
William G. Davis, Esq.  
Department of Justice  
Attorney General's Office  
P.O. Box 94095  
Baton Rouge, Louisiana 70804-9095

H. Anne Plettinger  
3456 Villa Rose Drive  
Baton Rouge, Louisiana 70806

President of West Feliciana  
Police Jury  
P.O. Box 1921  
St. Francisville, Louisiana 70775

Cajun Electric Power Coop. Inc.  
ATTN: Philip G. Harris  
10719 Airline Highway  
P.O. Box 15540  
Baton Rouge, LA 70895

Department of Environmental Quality  
ATTN: William H. Spell, Administrator  
Nuclear Energy Division  
P.O. Box 14690  
Baton Rouge, Louisiana 70898

Gulf States Utilities

- 3 -

U.S. Nuclear Regulatory Commission  
ATTN: Resident Inspector  
P. O. Box 1051  
St. Francisville, Louisiana 70775

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

bcc w/enclosures:  
bcc to LMB (1E42)

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

SSU

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  
Duane 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  
Kris 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</u> <u>POINTS</u>	<u>SRO</u> <u>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> <u>POINTS</u>	<u>SRO</u> <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
		<hr/>	<hr/>
TOTAL POINTS:		100	100

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

FY	AND1	AND2	OP	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 SSLO
	8/27/90 6 RD 6 SRO	7/30/90 RQ-30 8/6/90 RD	11/27/90 8 RD 6 UG 2 SRO			
91	2/91 RQ-30 2/91 8 RD	12/10/90 6 RD 6 UG	6/91 6 RD 2 SRO	5/91 6 RD 2 SRO 5 UG 1st SIM	10/7/90 6 RD 3 SRO 1st SIM	
	8/91 6 RD 6 UG		6/91 RQ-30		5/91 5 RD 4 SRO	
92	8/92 6 RD 6 UG	12/91 6 RD 6 UG	11/91 4 RD 2 SRO 2 UG	11/91 RQ-30	10/91 4 RD 2 SRO 4 UG 10/91 RQ-20	
		7/92 RQ-30	6/92 6 RD 2 UG	5/92 6 RD 11/92 RQ-R	5/92 3 RD 1 SRO 3 UG	
RD						
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	RF	STP	WF3	WC
90	10/16/89 2 RD 2 UG	3/12/90 RQ-30 3/19/90 RD		11/20 5 RD 1 SRO
	1/29/90 RQ-30 2/5/90 RD 8/6/90 5R3SRO	9/24/90 4 RD 12 SRO	9/10/90 5 SRO 10 UG	
91	6/91 6 RD 2 SRO 3 UG	9/91 4 RD 8 SRO	2/91 RT	10/22/90 RQ-30 10/29/90 RD
			9/91 RQ-30	4/91 9 RD 3 SRO
92	12/91 RQ-30 12/91 6 RD 2 SRO 3 UG	3/92 RQ-30	2/92 10 RD	10/91 RQ-30
		9/92 3 RD 5 SRO	9/92 RT	4/92 9 RD 6 UG
RD				
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	-

# DRAFT

## 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 instances 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".

DRAFT

173 AF 7

INSTRUCTIONS FOR COMPLETING NRC FORM 300  
PERSONAL QUALIFICATION STATEMENT—LICENSEES  
TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

DRAFT

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 2e - FOR 2b THRU 2e, 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 SRO.

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 N18.1/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 12b, 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 12.3. 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 300, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE - MUST ACCOMPANY THIS APPLICATION.

19. SIGNATURES - SIGN AND DATE ITEM 18a. OBTAIN YOUR TRAINING COORDINATOR'S SIGNATURE AND THAT OF YOUR SENIOR MANAGEMENT REPRESENTATIVE ON SITE.

DETACH THESE INSTRUCTIONS AND SUBMIT THE COMPLETED NRC FORMS 300 (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 (IN-30), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545, AND TO THE PAPERWORK REDUCTION PROJECT (2180-0080), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

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

DRAFT

4. TYPE OF APPLICATION (Check applicable boxes)

<input type="checkbox"/> 1. NOT	<input type="checkbox"/> 5. REAPPLICATION	<input type="checkbox"/> 1. WAIVER REQUESTED (Apply on Reverse)
<input type="checkbox"/> 2. GOLD	<input type="checkbox"/> 1. FIRST	<input type="checkbox"/> 1. WRT/TTBN/Coopery/
<input type="checkbox"/> 3. NEW	<input type="checkbox"/> 2. BROAD	<input type="checkbox"/> 2. OPERATING /Category/
<input type="checkbox"/> 4. RENEWAL	<input type="checkbox"/> 3. THIRD	<input type="checkbox"/> 3. ELIGIBILITY
<input type="checkbox"/> 5. UPGRADE		<input type="checkbox"/> 4. MEDICAL
<input type="checkbox"/> 6. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)		<input type="checkbox"/> 5. OTHER
<input type="checkbox"/> 7. DAYS PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)	MM YY	

2. CITIZENSHIP

3. BIRTH DATE

a. UNITED STATES

b. OTHER (Specify)

MONTH DAY YEAR

5. TYPE OF LICENSE APPLIED FOR

a. OPERATOR

b. SENIOR OPERATOR

c. LIMITED BRO (e.g., Fuel Handler)

b. DOCKET NUMBER

RD BRO

d. LICENSE NUMBER

e. EXPIRATION DATE

MONTH DAY YEAR

f. FACILITY DOCKET NUMBER

55-

50-

6. PREVIOUS LICENSE(S) HELD

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"/> 1. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR)
<input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT	<input type="checkbox"/> 2. OTHER (Specify)
<input type="checkbox"/> c. SHIFT SUPERVISOR	
<input type="checkbox"/> d. STAFF ENGINEER	
<input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER	
<input type="checkbox"/> f. INSTRUCTOR	
<input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR	
<input type="checkbox"/> h. CONTROL ROOM OPERATOR	

8. NAME OF APPLICANT'S FACILITY

FACILITY DOCKET NUMBER

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees)

11. EDUCATION

a. HIGH SCHOOL	c. MAJOR AREA(S) OF STUDY	NUMBER OF YEARS	HIGHEST DEGREE (or level)	DEGREE CODES (To be used by "HIGHEST DEGREE" observed)	b. VOCATIONAL/TECHNICAL TYPE/REMAINING	NUMBER OF MONTHS	CERTIFICATE RECEIVED
<input type="checkbox"/> GRADUATE	ENGINEERING (FIELDS)			0. NONE			YES NO
<input type="checkbox"/> GED EQUIVALENCY	OTHER			1. CERTIFICATE			
<input type="checkbox"/> NO				2. ASSOCIATE			
b. NUMBER OF YEARS OF COLLEGE				3. BACHELOR			
				4. MASTER			
				5. DOCTORAL			

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

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

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)		13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)	
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)	a. MONTH AND YEAR FROM TO	NAVY	a. MONTH AND YEAR FROM TO
	b. NUMBER OF WEEKS		b. NUMBER OF MONTHS
2 - PLANT SYSTEMS CLASSROOM OBSERVATION		1. RO	
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (includes Classroom) SIMULATOR NAMES		2. EDOW/PPHO	
a. CERTIFIED STARTUP PROGRAM COMPLETED	YES NO	3. SWS/PPWS	
b. NUMBER OF REACTIVITY MANIPULATION SIMULATIONS		4. ERS/CRW	
4 - SRC INSTRUCTION		5. OTHER (Specify)	
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (10-MINUTE MINIMUM)		6. OPERATOR	
6 - REQUALIFICATION		7. SUPERVISOR	
7 - OTHER (Specify)		8. PLANT STAFF	
		9. OTHER (Specify)	
		10. REACTOR OPERATOR (Licensee)	
		11. SENIOR OPERATOR (Licensee)	
		12. SHIFT SUPERVISOR (Licensee)	
		13. STAFF/SHIFT ENGINEER (Licensee)	
		14. AUX/BOUP. OPERATOR (Licensee)	
		15. PLANT STAFF	
		16. OTHER (Specify)	

# DRAFT

ENCLOSURE 1

NRC FORM 398  
(10-89)  
10 CFR 55.33, 55.27  
OMB 50.57

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO. 3150-0024  
EXPIRES 1-31-91

## CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEES

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUIREMENT. TO NRC FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (P-630), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), 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 18.4-1977 (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 SAFEGUARDS' 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 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.

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 (Owner/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  
796 Roosevelt Road  
Glen Ellyn, IL 60137

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

Regional Administrator, Region V  
U.S. Nuclear Regulatory Commission  
1480 Morse 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 398. This information is maintained in a system of records designated as NRC-16 and described at 81 Federal Register 33167 (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 OF NRC ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING.</b>	YES	NO	<b>b. CERTIFIED ON NRC FORM 478 REGULATION FACILITY OPERATOR TRAINING OR NRC APPROVED SIMULATOR 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 RESQUALIFICATION EXAMINATION:</b>	<b>DATE:</b>	<b>RESULT:</b>	<b>PASS</b>	<b>FAIL</b>
------------------------------------	---	--------------	----------------	-------------	-------------

**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 commenting. Attach additional sheets as necessary.*

**18. NRC FORM 398, 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 26; (3) any instances where I have been arrested for the use or possession of a controlled substance specified in 10 CFR Part 26; and (4) any actions 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 retraining programs, as necessary.

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

**CHECK APPLICABLE BOX**

- 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 55; 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.
- RENEWAL ONLY** — I certify that the above named individual meets the approved resubilitation 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 license 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>
<b>CATEGORY</b>	<b>GRANTED BY</b>		<b>DENIED BY</b>		<b>DRAFT</b>
	<b>HEADQUARTERS</b>	<b>REGION</b>	<b>HEADQUARTERS</b>	<b>REGION</b>	
WRITTEN					
OPERATING					
ELIGIBILITY					
MEDICAL					
OTHER					
SIGNATURE—REVIEWER _____					DATE _____

SUMMARY OF CHANGES TO NRC FORM 300

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 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