

August 3, 1993

Docket No. 50-282

Docket No. 50-306

Northern States Power Company
ATTN: Mr. D. D. Antony
Vice President, Nuclear Generation
414 Nicollet Mall
Minneapolis, MN 55401

Dear Mr. Antony:

SUBJECT: LICENSED OPERATOR POSITIVE ALCOHOL TEST

Prairie Island Nuclear Generating Plant staff reported on August 2, 1993, that an NRC-licensed operator tested positive for alcohol following a fitness-for-duty test taken on August 2, 1993. This letter is a request for information pertaining to this occurrence. Please provide, within 30 days after the date of this letter, answers to the questions listed in the enclosure and other records and information on this operator's fitness for duty which are relevant to this occurrence. We request that any personal, proprietary, or safeguards information in your response be contained in a separate attachment and appropriately marked. The affidavit required by 10 CFR 2.790(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 must notify the NRC via letter of the operator's permanent incapacitation. For example, you must notify the NRC if you determine, based on your employee assistance program in consultation with your designated physician, that the operator can no longer meet the medical criteria of ANSI/ANS-3.4-1983.

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 Systems of Records-16 and will be subject to the Privacy Act.

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August 3, 1993

If you have any questions concerning this matter, please contact me at 708-790-5603. Your cooperation is appreciated.

Sincerely,

Original signed by G. C. Wright for:

T. O. Martin, Acting Director
Division of Reactor Safety

Enclosure: As stated

cc w/enclosure:

E. L. Wrtzl, Site Manager,
Prairie Island

M. Wadley, Plant Manager

T. Amundson, Training
Department

R. M. Gallo, NRR/HOLB

J. Lieberman, OE

M. K. Gamberoni, NRR

OC/LFDCB

Resident Inspector, RIII
Prairie Island

Resident Inspector, RIII
Monticello

John W. Ferman, Ph.D.,
Nuclear Engineer, MPCA

Kris Sanda, Commissioner,
Minnesota Department
of Public Service

Robert M. Thompson, Administrator,
Wisconsin Division of Emergency
Government

bcc: PUBLIC-A023

J. CREW, RAI, DRS

RIII

DL5
Shepard/mab
08/03/93

YES
RIII

for DeFayette
08/3/93

RIII

B
Burdick
08/3/93

RIII

JCW/s
Martin
08/3/93

RIII

RL
Ring
08/3/93

NRR for
D. J. LANGE
FOR
Gallo
08/3/93
via E-Mail

RIII

BUM for
Jorgensen
08/3/93

ENCLOSURE

Licensed Operator Fitness-for-Duty Questionnaire

Northern States Power Company is requested to provide the following information concerning the fitness-for-duty occurrence of August 2, 1993, 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, and the dates that any tests were confirmed positive.
3. Whether the operator consumed alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such consumption.
4. Whether the operator was at the controls or supervising licensed activities while under the influence of alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence of alcohol.
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.