

September 18, 1995

Duke Power Company  
ATTN: Mr. William R. McCollum  
Site Vice President  
Catawba Site  
4800 Concord Road  
York, SC 29745-9635

SUBJECT: LICENSED OPERATOR POSITIVE ALCOHOL TEST

Gentlemen:

On September 12, 1995, your facility reported that an NRC-licensed operator tested positive for alcohol following a fitness-for-duty test taken on September 12, 1995. 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, Operations Branch, at (404) 331-5541. Your cooperation is appreciated.

Sincerely,

(original signed by A. F. Gibson)

Albert F. Gibson, Director  
Division of Reactor Safety

Docket Nos. 50-413 and 50-414

Enclosure:  
Licensed Operator Fitness-  
For-Duty Questionnaire

cc w/encl:  
G. Peterson, Plant Manager,  
Catawba Nuclear Station

Distribution w/encl:

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

SEND TO PUBLIC DOCUMENT ROOM?		YES	NO		
OFFICE	RII:DRS	RII:DRS	RII:DRS	RII:DRP	RII:ORA
SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
NAME	RBaldwin:rsb/btm	MErnstes (Actg SC)	TPeebles	RCrlenjak	CEvans
DATE	09 / 13 / 95	09 / 13 / 95	09 / 13 / 95	09 / 13 / 95	09 / 14 / 95
COPY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YES <input type="checkbox"/> NO	YES <input type="checkbox"/> NO	YES <input type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO

SEND TO PUBLIC DOCUMENT ROOM?		YES	NO		
OFFICE	RII:EICS	HOLB:HQ	RII:DRS		
SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
NAME	BUryc	SRichards	AGibson		
DATE	09 / 14 / 95	09 / 14 / 95	09 / 15 / 95		
COPY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YES <input type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input type="checkbox"/> NO	YES <input type="checkbox"/> NO

Licensed Operator Fitness-for-Duty Questionnaire

Duke Power Company is requested to provide the following information concerning the fitness-for-duty occurrence of September 12, 1995, 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.

ENCLOSURE