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10 CFR 50.12
10 CFR 50, Appendix R

NL-20-035

April 16, 2020

ATTN: Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Subject: Response to Request for Additional Information - Temporary Exemption
Request from 10 CFR Appendix R, Section III.H due to COVID-19
Pandemic

Indian Point Nuclear Generating Unit Nos. 2 and 3
NRC Docket Nos. 50-247 and 50-286
Renewed Facility Operating License Nos. DPR-26 and DPR-64

- References:
- 1) Entergy Operations, Inc. (Entergy) letter to U. S. Nuclear Regulatory Commission (NRC), "Temporary Exemption Request from 10 CFR Appendix R, Section III.H due to COVID-19 Pandemic," (ADAMS Accession No. ML20104C121), dated April 13, 2020
 - 2) NRC Electronic mail from R. Guzman (NRC) to M. Mirzai (Entergy), Subject: "Indian Point Unit Nos. 2 and 3 - DRAFT Request for Additional Information: Exemption Request from 10 CFR Appendix R, Section III.H due to COVID-19 Pandemic (EPID L-2020-LLE-0019)," dated April 15, 2020

In Reference 1, Entergy Nuclear Operations, Inc. (Entergy), in accordance with 10 CFR 50.12, "Specific Exemptions," paragraph (a)(2)(v), requested a temporary 90-day exemption for Indian Point Nuclear Generating Unit Nos. 2 and 3 (Indian Point Energy Center, hereafter referred to as IPEC) from the requirement to conduct annual fire brigade physical examinations specified in 10 CFR 50, Appendix R, "Fire Protection Program for Nuclear Power Facilities Operating Prior to January 1, 1979," Section III.H, "Fire Brigade."

In Reference 2, the U. S. Nuclear Regulatory Commission (NRC) transmitted a request for additional information (RAI) concerning the requested exemption. The Enclosure and associated Attachment to this letter provide a response to the NRC RAI.

In addition, this letter provides the following clarification to information provided in the Reference 1) exemption request.

Entergy has evaluated the requested exemption against the criteria of 10 CFR 50.12(a)(1) and (a)(2)(v), and has determined that the criteria are satisfied, as described below.

1. This exemption is authorized by law

As provided by 10 CFR 50.12, the Commission may grant exemptions from the requirements in Part 50. The annual physical examination requirement for fire brigade members specified in 10 CFR 50 Appendix R, Section III.H is not required by any statute. The requested exemption is authorized by law in that no law precludes the activities covered by this exemption request. Granting of the request does not result in a violation of the Atomic Energy Act of 1954, as amended.

This letter contains no new regulatory commitments.

Should you have any questions or require additional information, please contact Phil Couture, Manager, Fleet Licensing Programs at 601-368-5102.

Respectfully,



Ron Gaston

RWG/jls

Enclosure: Response to Request for Additional Information

Attachment to Enclosure:
Medical History Questionnaire

cc: NRC Region I Regional Administrator
NRC Senior Resident Inspector – Indian Point Nuclear Generating Unit Nos. 2 and 3
NRC Project Manager - Indian Point Nuclear Generating Unit Nos. 2 and 3

Enclosure

NL-20-035

Response to Request for Additional Information

Response to Request for Additional Information

By letter dated April 13, 2020 (Reference 1), Entergy Nuclear Operations, Inc. (Entergy), in accordance with 10 CFR 50.12, "Specific Exemptions," paragraph (a)(2)(v), requested a temporary 90-day exemption for Indian Point Nuclear Generating Unit Nos. 2 and 3 (Indian Point Energy Center, hereafter referred to as IPEC) from the requirement to conduct annual fire brigade physical examinations specified in 10 CFR 50, Appendix R, "Fire Protection Program for Nuclear Power Facilities Operating Prior to January 1, 1979," Section III.H, "Fire Brigade."

By email dated April 15, 2020 (Reference 2), the NRC informed Entergy that additional information is needed to support the Staff's continued review of the requested exemption. The specific questions presented in the Reference 2 request for additional information (RAI) are repeated below for ease of review. Entergy's response is provided thereafter.

RAI-1: Special Circumstances, 10 CFR 50.12(a)(2)(v)

10 CFR 50.12(a)(2)(v) states, in part, that:

The Commission will not consider granting an exemption unless special circumstances are present. Special circumstances are present whenever the exemption would provide only temporary relief from the applicable regulation and the licensee or applicant has made good faith efforts to comply with the regulation.

The licensee stated that it:

Had originally scheduled these annual physical examinations to be completed within the required frequency, and thus comply with the regulation. However, these annual physical examinations must be rescheduled to allow implementation of the Entergy pandemic plan mitigation strategies. Prior to the implementation of isolation activities in response to COVID-19 pandemic conditions, Entergy had successfully scheduled and completed annual fire brigade physical examinations within the specified frequency.

It is unclear to the NRC staff what good faith efforts have been made to comply with the regulation other than scheduling the physical examinations to be completed within the required frequency particularly after the emergency declarations were made on January 31, 2020 (U.S. Department of Health and Human Services), March 7, 2020 (New York State), and March 13, 2020 (United States of America). Include a discussion of any actions taken to complete parts of the physical that can be completed without visiting a medical facility such as the completion of required forms/paperwork; conducting parts of the physical using non-contact methods such as the use of remote audio/visual services (tele-health); and utilizing remote patient monitoring tools such as blood pressure monitors, scales, or wearable devices that can communicate biometric data for review. Include any relevant discussions you may have had with your contract medical provider who conducts the physical examinations.

Entergy Response

Prior to the expiration of the annual physical examination requirement for each of the 15 affected fire brigade members, Entergy will implement the following actions to ensure that the affected individuals will be able to perform strenuous fire fighting activities during the 90-day extension of the medical qualification period:

1. Each of the 15 affected fire brigade members will complete an annual Medical History Questionnaire (i.e., Entergy Form MED-002) which is based on ANSI-Z86.6-2006, "Physical Qualifications for Respirator Use," and the OSHA Respirator Medical Evaluation Questionnaire from 29 CFR 1910.134, Appendix C. The Attachment to this Enclosure provides the Entergy MED-002 Medical History Questionnaire.
2. The Entergy Medical Examiner (i.e., a licensed physician) will review each completed MED-002 Medical History Questionnaire against the previous medical exam for each affected fire brigade member to determine if a 90-day extension to the medical qualification period is acceptable.
3. If deemed necessary by the Medical Examiner, telehealth conferencing will be used to conduct a one-on-one telephone assessment with the applicable fire brigade member.
4. Entergy will complete the actions described in steps 1 through 3 above, prior to the expiration date of the current medical qualification for each affected fire brigade member.

RAI-2: 10 CFR 50.12(a)(1)

10 CFR 50.12(a)(1) states in part that:

The Commission may, upon application by any interested person or upon its own initiative, grant exemptions from the requirements of the regulations of this part, which are authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security.

The licensee stated that:

Every fire brigade member is part of an Operations Watch Team and as such they are under the Behavior Observation Program which results in continuous interaction with their supervisors while on shift. Any decrease in health or performance would be readily apparent.

Provide additional information regarding your behavior observation program including whether this is the program required by 10 CFR 73.56, whether it is proceduralized, how often observations are conducted, what is observed, how corrective actions are taken, etc.

Entergy Response

The Entergy behavioral observation program (BOP) is established in Entergy procedure EN-NS-101, "Unescorted Access Authorization Program." This procedure establishes compliance with the requirements in 10 CFR 73.56, "Access Authorization Program for Nuclear Power Plants" and NRC Regulatory Guide 5.66, "Nuclear Power Plant Access Authorization Program," Revision 1, which endorses NEI 03-01, "Nuclear Power Plant Access Authorization Program," Revision 3.

The Entergy BOP oversees and monitors the initial and continuing trustworthiness and reliability of individuals that are certified unescorted Unescorted Access Authorization (UAA), granted unescorted access (UA), or maintain UAA/UA to a protected or vital area. This establishes compliance with 10 CFR 73.56, Section (f), "*Behavioral observation*."

As part of the Entergy BOP, personnel are trained to recognize, on an ongoing basis, any behaviors that may be adverse to the safe operation and security of the facility, and reporting these behaviors, or changes in behavior, to appropriate Entergy management or Security. This information is then provided to, and reviewed by an Entergy reviewing official. If the reviewing official has a reason to believe that a reported individual's reliability is questionable, the reviewing official shall either administratively withdraw or terminate the individual's unescorted access or unescorted access authorization. In addition, supervisors are required to complete BOP verification reports for each individual on both a monthly basis and annual basis. All reports under the BOP program are also provided to, and reviewed by an Entergy reviewing official.

Specific to the reliability of fire brigade members to safely and effectively respond to a fire during the 90-day medical evaluation extension period, every fire brigade member is part of an Operations Watch Team, and as such are under the BOP. By the nature of plant operations, the Operations Watch Team supervisors continuously observe and interact with crew members while on shift. Any decrease in health or performance would be expeditiously identified by the supervisor. In addition, and as stated in the Reference 1 exemption request, due to the numerous COVID-19 expectations and actions Entergy has implemented, including no-touch temperature screening as each person enters the site, fire brigade members are acutely aware of the need to immediately report any change in their current health to their supervisor.

RAI-3:

The NRC approval of this exemption will be conditioned, in part, on the establishment of a licensee-specific process to manage personnel with overdue physical examinations. Explain how your specific process will ensure the following:

- (a) That only experienced personnel with known, stable medical histories are allowed frequency extensions;
- (b) That as much of the physical evaluation process as possible has been conducted, excluding physical visits to medical facilities;
- (c) That a licensed physician, having reviewed the individual's relevant medical information, approves the frequency extension;

- (d) That employees are informed of the exemption, the risks of conducting fire brigade activities including wearing respiratory protection, the rationale for annual physical examinations, the deviation from the requirements and the requirement that the licensee restore compliance within 90 days of the original annual physical examination due date, or another date as indicated by a physician, whichever is less.

Entergy Response

- a) All personnel are currently in frequency of their annual required medical exams and as such have known, stable medical histories. Any change in physical condition that could impact their current medical qualifications, as required by EN-NS-112, Medical Program, is expected to be immediately reported to their direct management and Medical Services Personnel, and would be directly observable to other members of the Operations Watch Team. Supervisors can take required actions for such a situation, including calling in a qualified relief member from another team.
- b) As stated in the response to RAI-1 above, the 15 affected fire brigade members will complete an ANSI standard-based health questionnaire.
- c) A licensed physician will review the completed questionnaires, as well as other relevant information (e.g., the results of the previous medical examination for each affected fire brigade member), and will approve the frequency extension.
- d) An Operations supervisor will inform each of the 15 affected fire brigade members, in person, of the exemption, the risks of conducting fire brigade activities including wearing respiratory protection, the rationale for annual physical examinations, the deviation from the requirements, and the requirement that Entergy will restore compliance within 90 days of the original annual physical examination due date, or another date as indicated by a physician, whichever is less.

These actions will be entered into the site corrective action program to document the performance of the planned actions above.

References

1. Entergy Operations, Inc. (Entergy) letter to U. S. Nuclear Regulatory Commission (NRC), "Temporary Exemption Request from 10 CFR Appendix R, Section III.H due to COVID-19 Pandemic," (ADAMS Accession No. ML20104C121), dated April 13, 2020
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Enclosure, Attachment

NL-20-035

Medical History Questionnaire

(2 pages)

MEDICAL HISTORY QUESTIONNAIRE

Name: _____ SS #: _____ Date: _____ ☐ Initial Evaluation

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ lbs

Home Address: _____
Street City State Zip

Home Phone: _____ Work Ext: _____ Job Title: _____

Company: _____ Dept: _____ Supervisor: _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____ **Telephone:** _____

A HEALTH CARE PROFESSIONAL IN THIS OFFICE WILL REVIEW THIS QUESTIONNAIRE. You may talk with them about your answers. PLEASE ANSWER ALL QUESTIONS. If a question is not appropriate to your circumstances, please place an N/A in the box next to it. At the time of your examination, the doctor will assess the need for information on the questions you answered "yes" to, based on your job assignment.

GENERAL HEALTH

PLEASE PLACE AN "X" or AN ANSWER IN THE APPROPRIATE BOXES

GENERAL		YES	NO	GENERAL		YES	NO
Do you currently, <i>or within the past month</i> , smoked tobacco				Have you ever had any of the following heart or			
Have you ever had any of the following conditions:				Cardiovascular problems			
Seizures				Heart attack, heart failure, heart disease			
Diabetes (sugar disease)				Stroke			
Allergic reactions that interfere with your breathing				Angina			
Claustrophobia (fear of closed-in places)				Swelling of feet or ankles (<i>not caused by walking</i>)			
Trouble smelling odors				Heart arrhythmia (<i>heart beating irregularly</i>) Murmur			
Have you ever had any of the following pulmonary or				High blood pressure			
lung problems:				Any other heart problems			
Asbestosis							
Asthma				Frequent Pain or tightness in your chest			
Chronic Bronchitis				During physical activity			
Emphysema				That interferes with your job			
Pneumonia				Heart skipping a beat in the past 2 years			
Tuberculosis				Heartburn (not associated with eating)			
Silicosis				Any symptoms relating to heart/circulation problems			
Pneumothorax (Collapsed lung)							
Lung cancer				Have you used a Respirator			
Broken rib(s)				Type or respirator worn:			
Any chest injury or surgery or other lung problem				Full face			
Do you currently have any of the following symptoms				Half face			
of pulmonary or lung illness:				Powered air purifying (PAPR)			
Shortness of breath or shortness of breath with:				SCBA			
walking fast on level ground or slight incline				While wearing respirator, have you had any of the			
walking at ordinary pace on level ground				following:			
Stop for breath when walking at your own pace				Eye irritation			
Washing or dressing yourself				Skin allergies or rashes			
Interferes with your job				Anxiety			
Coughing: produces phlegm				General weakness/fatigue			
Coughing: occurs mostly lying down or wakes you early				Any other problems that interfere with respirator use:			
Coughed up blood in the last month							
Wheezing or wheezing that interferes with your job							
Chest pain when you breathe deeply							
Any other symptoms related to lung problems							
MEDICATIONS: List all medications you are currently taking?		Dosage	Frequency	Diagnosis		Side Effects <i>you are experiencing</i>	

MEDICAL HISTORY QUESTIONNAIRE

Name: _____

SS #: _____

HEALTH/WELLNESS	YES	NO	HEALTH/WELLNESS	YES	NO
Depression/anxiety/other psychological disorder			Sleep Apnea (If Yes, CPAP Prescribed?)		
Post-Traumatic Stress Disorder			Diagnosed, treated for cancer		
Alcohol/Drug abuse/addiction treatment			Thyroid trouble/enlarged neck glands		
Frequent headaches/Severe head injury			Speech Impediment		
Dizziness, fainting spells/Loss of consciousness			Skin Disease: Hives, eczema, infections, boils		
VISION	YES	NO	EARS	YES	NO
Loss of vision one or both eyes (Temporary or Permanent)			Have you ever had an injury to your ears,		
Glasses, contact lenses for Near Vision			Including a perforated/broken ear drum		
Glasses, contact lenses for Distant Vision			Do you currently have any of the following:		
Color Blind or Problem seeing colors			Difficulty hearing/deafness		
Glaucoma			Wear hearing aid		
Any other vision problems			Ringing in ears		
			Any other ear problems		
MUSCULOSKELETAL					
Have you ever had a back injury			NOISE (loud)		
Weakness/numbness in arms, hands, legs or feet			Work related in last 14 hours		
Difficulty fully moving your arms and legs			Exposed at prior job		
Pain/Stiffness when leaning at your waist			Wear hearing protection prior to exam:		
Difficulty fully moving your head up and down			Non-work related in last 14 hours		
Difficulty fully moving your head side to side			Gunfire		
Difficulty bending at your knees			Loud music		
Difficulty squatting to the ground			Saws/chainsaws		
Climbing a flight of stairs or ladder carrying >25lbs			Mower/weed eater		
Amputation, prosthetic limb			Motor boat/ Motorcycle		
Arthritis			Other		
Any other problems that interfere with using a Respirator:			NOSE		
			Trouble smelling		
			Hay fever		
			Chronic sinus problems		
			Any other nose problems		
ENVIRONMENTAL EXPOSURE					
Have you ever worked with or under any of the Following conditions:					
Asbestos			GASTROINTESTINAL		
Coal (for example, mining)			Excessive indigestion, heartburn		
Silica (for example sandblasting)			Vomiting blood, food		
Iron			Liver trouble, hepatitis		
Tungsten/Cobalt (grinding or welding)			Jaundice (yellow skin)		
Tin			Hernia		
Dusty environments			Frequent diarrhea		
Beryllium			GENITOURINARY		
Aluminum			Burning, frequency of urination		
Hazardous chemicals			Blood in urine		
Radioactive isotopes/materials			Kidney stones		
Any other hazardous exposures			Prostate trouble		
ALLERGIES/ALLERGIC REACTIONS:			HOSPITALIZATION		
If Yes, List:			Any hospitalizations/medical procedures?		
			Since your last physical exam?		
			For depression or anxiety?		
			If yes, enter date and reason in space below		
SOCIAL/PERSONAL					
Estimate weekly consumption			Date: Reason:		
Coffee 8 oz. Cup					
Wine 6 oz. Glass					
Beer 12 oz. Can					
Liquor 1 1/2 oz. Jigger					

I hereby authorize Entergy and/or Contract Medical Personnel to perform a physical examination upon me, including all tests (x-rays, blood, urine etc.), to determine my state of health with regard to the ability to perform all the duties of my job. I certify that I have reviewed the above information and to the best of my knowledge, it is true and complete. I understand that any misrepresentation may be grounds for disqualification and/or disciplinary actions. I agree to self report any changes in my medical condition that could affect my ability to perform my job or my respiratory qualification.

Employee's Signature

Date

Physician's Summary: _____

Physician's Signature

Date