

Commonwealth Edison Company
Zion Generating Station
101 Shuloh Boulevard
Zion, IL 60099-2797
Tel 847-746-2084



May 8, 1997

Ms. MaryAnn Bies
Operator Licensing Assistant
U. S. Nuclear Regulatory Commission, Region III
801 Warrenville Road
Lisle, IL 60532-4351

SUBJECT: Senior Reactor Operator License Application
Zion Nuclear Power Station Units 1 and 2;
NRC Docket Numbers 50-295 and 50-304

Per your request for further information associated with the application for Senior Operator License for William D. T'Niemi, an updated NRC Form 396 is enclosed.

If you have any questions regarding this matter please contact Mr. William Demo, Operator Training Supervisor, at 847-872-7659, extension 4392.

Sincerely,

John H. Mueller
Site Vice President
Zion Station

1/1
Ze42

9705140140 970508
PDR ADOCK 05000295
V PDR

cc: Regional Administrator, Region III
Project Manager, NRR
Senior Resident Inspector, Zion Station
Document Control Desk

h:\winword\97mueller\tniemi.doc

f:\trng\tniemi.doc

(12-96)
10 CFR 55.21, 55.23,
55.25, 55.27, 55.31,
55.33, 55.57

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 15 MINUTES. NRC REQUIRES THIS INFORMATION TO DETERMINE THAT THE PHYSICAL CONDITION AND HEALTH OF OPERATOR LICENSEES IS SUCH THAT THE APPLICANT WOULD NOT BE EXPECTED TO CAUSE OPERATIONAL ERRORS ENDANGERING THE PUBLIC HEALTH AND SAFETY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

T'NIEMI, WILLIAM D.

FACILITY

Zion Nuclear Generating Station

FACILITY DOCKET NUMBER

50-295/50-304

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)

SAMUAL J. GRANIERI, MD

STATE AND LICENSE NUMBER

003-036-051857 ILLINOIS

MOST RECENT PHYSICAL
EXAMINATION DATE

4/28/97

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 SUCH THAT THE APPLICANT WOULD NOT BE EXPECTED TO CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSIANS 3.4-1983, OR ANSIANS 15.4-1988 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. IF THE GUIDANCE IN THE APPROPRIATE ANSIANS DOCUMENT IS NOT COMPLIED WITH, AN ACCEPTABLE ALTERNATIVE METHOD, WHICH HAS BEEN APPROVED BY NRC, WAS USED.

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

1. NO RESTRICTIONS
- X 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)

Not Applicable

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

Not Applicable

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

Not Applicable

B. NONMEDICAL CERTIFICATION

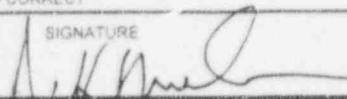
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS

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 TITLE (Senior Management Representative on Site)

John H. Mueller, Site Vice President

SIGNATURE



DATE

5/8/97

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

REGIONAL ADMINISTRATOR, REGION I
U.S. NUCLEAR REGULATORY COMMISSION
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

REGIONAL ADMINISTRATOR, REGION II
U.S. NUCLEAR REGULATORY COMMISSION
101 MARIETTA STREET NW, SUITE 2900
ATLANTA, GA 30323-0199

REGIONAL ADMINISTRATOR, REGION III
U.S. NUCLEAR REGULATORY COMMISSION
801 WARRENVILLE ROAD
LISLE, IL 60532-4351

REGIONAL ADMINISTRATOR, REGION IV
U.S. NUCLEAR REGULATORY COMMISSION
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

OPERATOR LICENSING BRANCH
DIVISION OF REACTOR CONTROLS AND
HUMAN FACTORS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001