

August 26, 1997

South Carolina Electric and Gas Company
ATTN: Mr. Gary J. Taylor, Vice President
Nuclear Operations
Virgil C. Summer Nuclear Station
P. O. Box 88
Jenkinsville, SC 29065

SUBJECT: LICENSED OPERATOR POSITIVE DRUG TEST

Dear Mr. Taylor:

On August 22, 1997, your facility reported that an NRC-licensed operator tested positive for marijuana following a fitness-for-duty test taken on August 19, 1997. 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) 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.

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.

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PDR ADOCK 05000395
P PDR



If you have any questions, please feel free to contact Mr. Thomas A. Peebles, Chief, Operator Licensing and Human Performance Branch, at (404) 562-4638. Your cooperation is appreciated.

Sincerely,

ORIGINAL SIGNED BY
JOHNS P. JAUDON

Johns P. Jaudon, Director
Division of Reactor Safety

Docket No: 50-395
License No. NPF-12

Enclosure: Licensed Operator Fitness-
For-Duty Questionnaire

Distribution w/encl:

J. Lieberman, OE
R. Gallo, HOLB, NRR
B. Uryc, EICS
T. Peebles, DRS
B. Michael, DRS
PUBLIC

*See previous concurrences

OFFICE	R11:DRS*	R11:DRS*	R11:DRP*	R11:DRS	R11:ORA*	R11:EICS*	HOLB:HQ
SIGNATURE				<i>J.P.</i>			<i>J.P. Jaudon</i>
NAME	GHopper:gh/btm	GHopper/POC	ABelisle	TPeebles	CEvans	BUryc	RGallo
DATE	8/ /97	8/ /97	8/ /97	8/ 26 /97	8/ /97	8/ /97	8/ 26 /97
COPY?	YES	YES NO	YES NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YES	YES	<input checked="" type="checkbox"/> YES

OFFICIAL RECORD COPY

DOCUMENT NAME: G:\LA\SOM\FDDQUEST.GTH

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Sincerely,

Johns P. Jaudon, Director
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SIGNATURE	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		<i>NLO</i>	<i>[Signature]</i>	
NAME	GHopper:gh/btm	GHopper/POC	ABellisle	TPeebles	CEvans <i>[Signature]</i>	BUryc <i>[Signature]</i>	RGallo
DATE	8/25/97	8/25/97	8/25/97	8/19/97	8/26/97	8/26/97	8/19/97
COPY?	YES	YES <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO	YES NO	YES	YES	YES

LICENSED OPERATOR FITNESS-FOR-DUTY QUESTIONNAIRE

South Carolina Electric and Gas Company is requested to provide the following information concerning the fitness-for-duty report of August 22, 1997, 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, the facility cut-off level for the substance involved, and the dates that any tests were confirmed positive.
3. Whether the operator used, sold, or possessed illegal drugs. If so, please provide the details of the circumstances surrounding such use, sale, or possession.
4. Whether the operator was at the controls or supervising licensed activities while under the influence of marijuana. If so, please provide the details of the operator's performance of licensed duties while under the influence of marijuana.
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