

Plant Site: FarleyReporting Period: Jan-Dec Year: 2020**Primary Goals**

- Evaluate if individuals averaging more than 54 hours per week over the shift cycle should be supporting a different work schedule.
- Evaluate staffing levels, overtime assignment practices and call in practices to ensure individual work hours are managed and impairment from fatigue is prevented due to the duration, frequency, or sequencing of successive shifts.
- Evaluate any adverse trends in human performance related to fatigue management, work scheduling, or 10 CFR 26 work hour limit adherence. Run Maximo reports using event codes 15A1, 15A2, and 15A3. A word search can also be conducted by using PQ&S as a key word.
- Evaluate if staffing needs and practices are adequate in meeting work hour requirements.

**Goal #1**

Did any individuals average more than 54 hours per week over the shift cycle?

Yes  No **IF No**, proceed to Primary Goal #2.**IF Yes**, complete the following for each applicable individual:

- Attach each individual's shift cycle schedule (Schedule Report from eSOMS PQ&S® to this form.
- Did the individual actually work a different hour shift (i.e., a 10-hour shift versus an 8-hour shift or a 12-hour shift versus a 10- or 8-hour shift)?  
Yes  No
- Initiate a Condition Report to capture the concern and determine if corrective actions are necessary to ensure the work schedule appropriately reflects minimum day off requirements. Attach a copy of relevant Condition Reports to this form.
- Review the Department Manager Quarterly Reviews
- Are further investigations or barriers necessary?  
Yes  No

**If No**, proceed to Primary Goal #2.**If Yes**, complete the following:

- Generate a Condition Report to capture recommendations and attach a copy of the Condition Report to this form.
- Provide a brief summary for each instance:

**Goal #2**

Are there any weaknesses in hiring, training, or staffing that should be addressed by human resources and/or site senior management?

Yes  No

**IF No**, proceed with form completion below.

**IF Yes**, complete the following:

- a) Generate a Condition Report to capture recommendations and attach a copy of the Condition Report to this form.
- b) Ensure weaknesses and recommendations are shared with other SNC sites.

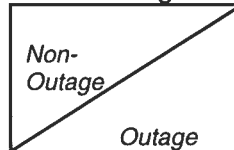
**Review Methods**

List the methods used to conduct these review (i.e., CAP database search, eSOMS, interviews).

**Section 1 – Waivers**

List the number of waivers issued for work hour (WH) limits that were exceeded during this reporting period. **Note: More than one WH limit may be exceeded for one waiver.**

Chart Legend



Group	Work Hour Limit						
	> 16 in 24 hours	> 26 in 48 hours	> 72 in 7 days/168 hours	< 10 hour break	< 34 hour break in any 9-day period/216 hours	< min day off requirement	>54 Hour Average
Operations	0	0	0	0	0	0	0
Maintenance	0	0	0	0	0	0	0
Chemistry	0	0	0	0	0	0	0
RP	0	0	0	0	0	0	0
Security	0	0	0	0	0	0	0
Contractors	0	0	0	0	0	0	0

Group	Work Hour Limit						
	> 16 in 24 hours	> 26 in 48 hours	> 72 in 7 days/168 hours	< 10 hour break	< 34 hour break in any 9-day period/216 hours	< min day off requirement	>54 Hour Average
Vendors	0	0	0	0	0	0	0
<b>Total</b>	0	0	0	0	0	0	0

**Section 2 – Number of Individual Waivers**

List the number of individuals who received 1, 2, or 3, etc. waivers

# Waivers Issued to Individual	Operations	Maintenance	Chemistry	RP	Security	Contractors	Vendors
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0

**Section 3 – Fatigue Assessments**

List the number of fatigue assessments for each group and each condition.

Group	Self-Declaration	For Cause	Post-Event	Follow-Up	Waiver
Operations	0	0	0	0	0
Maintenance	0	0	0	0	0
Chemistry	0	0	0	0	0
RP	0	0	1	0	0
Security	0	0	0	0	0

Annual Fatigue Management Report			NMP-AD-016-004-F03		
			SNC	Version 1.4	
			Unit 8	Page 4 of 4	
Group	Self-Declaration	For Cause	Post-Event	Follow-Up	Waiver
Contractors	0	0	0	0	0
Vendors	0	0	0	0	0
Other	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Section 4 – Addition Comments**

If any management actions were taken as a result of any of the fatigue assessments performed, list the affected group, reason for the assessment, and the action taken; number each item.

**A Radiation Protection Technician was injured while performing routine survey. The Radiation Protection department created a CAR in the work order system to capture documentation and a HU Crew Clock Reset was communicated to the Plant Farley Site.**

**Section 5 – Records**

Retain a copy, scan the completed form and email to Fleet Security (SNCFMST@southernco.com) by February 15<sup>th</sup> for review and retention.

Reviewed By: Mathew May [Signature] 1-19-21  
Print Name/Fleet Security or Designee Signature Date

Reviewed by: Keith Brown [Signature] 1-19-2021  
Print Name/Site Regulatory Affairs Manager Signature Date

Approved by: Daison Erb [Signature] 1/19/2021  
Print Name/Plant Manager Signature Date

Submitted to NRC by: Susan Harris [Signature] 1/19/2021  
Print Name/Site FM SAE Signature Date