



NRC FFD Program Performance Data Reporting System

NRC Form 892, Annual Fatigue Reporting Form

10 CFR Part 26, Subpart I - Managing Fatigue
(EIE General Submission Portal)

Facility: Palisades (50-235) Period of Report: 2020

Note: 1) Use Abbrev Reader 8 or later for the form to work properly. 2) Hold your mouse over a form field to view additional information.

APPROVED BY OMB: CLEARANCE NO. 3160-0146 EXPIRES: 04/30/2021

Estimated burden per response to comply with this collection request is 74 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.203(e). The information will be used by NRC to evaluate fatigue program performance related to work hour controls and workers. Send comments regarding burden estimates to the FOIA, Privacy, and Information Collection Branch (TE-PS3), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to InfoCollect.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NECB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Submission Update - check this box only if this is an update to a previous submission.

Did your facility issue any waivers in the reporting period? (Yes / No)
No

Summary of Waiver Issuance - 26.203(e)(1)(i-ii)

Work Hour Controls	Number of Waivers Issued																		
	Operating or on-site directing of the operations of systems, as described in 26.4(a)(1)			Performing health physics or chemistry duties, as described in 26.4(a)(2)			Performing duties of a fire brigade member, as described in 26.4(a)(3)			Performing maintenance or on-site direction of maintenance, as described in 26.4(a)(4)			Performing security duties, as described in 26.4(a)(5)			Operating Total (Calculated)	Outage Total (days 1-8) (Calculated)	Outage Total (after day 8) (Calculated)	Combined Total (Calculated)
	Operating	Outage (days 1-8)	Outage (after day 8)	Operating	Outage (days 1-8)	Outage (after day 8)	Operating	Outage (days 1-8)	Outage (after day 8)	Operating	Outage (days 1-8)	Outage (after day 8)	Operating	Outage (days 1-8)	Outage (after day 8)				
Daily Work Hours 26.205(d)(1)	Exceeded 16 work hrs in any 24 hr period																		
	Exceeded 28 work hrs in any 48 hr period																		
	Exceeded 72 work hrs in any 7 day period																		
Rest Breaks 26.205(d)(2)	Less than 10 hr break b/w successive work periods (or 8 hr break accommodating scheduled transition b/w shifts)																		
	Less than 34 hr break in any 9 day period																		
Minimum Days Off Per Shift Cycle 26.205(d)(3)	Average of less than 1 day off per week for 8-hour shifts																		
	Average of less than 2 days off per week for 10-hour shifts																		
	Average of less than 2.5 days off per week for 12-hour shifts																		
Minimum Days Off for Outage Activities (during first 10 days of outage) 26.205(d)(4) and 26.205(d)(5)	Average of less than 2 days off per week for 12-hour maintenance shifts																		
	Average of less than 3 days off per week for 12-hour security shifts																		
Alternate to Minimum Days Off 26.205(d)(7)	Less than 3 days off per successive 15-day period 26.205(d)(4)																		
	Less than 1 day off per 7-day period for maintenance personnel 26.205(d)(4)																		
	Less than 4 days off per successive 15-day period for security personnel 26.205(d)(5)																		
	54 hour maximum average																		
	Total																		

* NOTE: For individuals performing fire brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Distribution of Waivers for Individuals in Each Category - 26.203(e)(1)(iii)

Number of Employees Issued Waivers (Note: Even if no waivers were issued for a given column, please enter a value (e.g., 0) in at least one of the cells in the column)

Number of Waivers	Operating or on-site directing of the operations of systems, as described in 26.4(a)(1)	Performing health physics or chemistry duties as described in 26.4(a)(2)	Performing duties of a fire brigade member as described in 26.4(a)(3)	Performing maintenance or on-site directing of maintenance as described in 26.4(a)(4)	Performing security duties as described in 26.4(a)(5)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 - 20					
More than 20					
Total Employees Issued Waivers (Calculated)					
Most Waivers Provided to a Single Individual					

* NOTE: For individuals performing fire brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Summary of Corrective Action - 26.203(e)(2) (as applicable)

Analysis of Waiver Assessment Data: (Limit 10,000 characters)
No waivers were issued in 2020.

Analysis of Fatigue Assessment Data: (Limit 10,000 characters)
Four fatigue assessments were conducted:
9/10/2020 - Contractor alleged while working in hot. No fatigue issues were identified.
9/10/2020 - Worker error in the field. No fatigue issues were identified.
9/14/2020 - Study gear triggered alarm equipment and wrong to strike the worker in the mouth. No fatigue issues were identified.
12/2/2020 - Individual found inattentive while working. No fatigue issues were identified.

Conclusions: (Limit 10,000 characters)
Based on the annual review of information, the fatigue management program is effective.

Summary and Status of Corrective Actions: (Limit 10,000 characters)
CR-519-2020-3147 was written for an individual violating 73 hours in a 73-hour period. At the time of the violation, the individual was not engaged in covered work. The violation occurred because the individual was unable to clear the numbers of the radiation dosimeter for about 1.5 hours.

General Comments (optional): (Limit 10,000 characters)
N/A

Person(s) Responsible for Information Provided
Person 1 (required)
Barbara [Date] [Regulatory Assurance Specialist] bbarbara@nrc.gov

Person 2 (optional)
[First Name] [Last Name] [Position Title] [Company Email Address]