



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
245 PEACHTREE CENTER AVENUE N.E., SUITE 1200
ATLANTA, GEORGIA 30303-1200

September 13, 2022

Mr. Fred Mladen
Site Vice President
Surry Power Station
Virginia Electric & Power Company
5570 Hog Island Road
Surry, VA 23883-0315

SUBJECT: LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST

Dear Mr. Mladen:

On September 7, 2022, you reported in Event Report 56095, that one of your NRC-licensed Reactor Operators was determined to be under the influence of alcohol on a fitness-for-duty test administered by your staff on September 7, 2022. To facilitate our review of this matter, we require information beyond what you have reported to date. Therefore, we request that you provide, within 30 days after the date of this letter, answers to the questions listed in the Enclosure and any other records or information you may have on this operator's fitness-for-duty. Any personal, proprietary, or safeguards information in your response should be contained in a separate attachment and appropriately marked. An affidavit required by 10 CFR 2.390(b) must accompany your response, if 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) that 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 must notify the NRC via letter of the operator's permanent incapacitation. For example, you must notify the NRC if you have determined, 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 provided in your response will be subject to the Privacy Act of 1974 and it will be maintained in the Privacy Act System of Records, NRC-16, "Facility Operator Licensees Records Files."

F. Mladen

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If you have any questions, please contact Thomas Stephen, Chief, Operations Branch 1, at (404) 997-4703. Your cooperation is appreciated.

Sincerely,

/RA/

Thomas A Stephen, Chief
Operations Branch 1
Division of Reactor Safety

Docket Nos.: 50-280, 50-281
License Nos.: DPR-32, DPR-37

Enclosure: Licensed Operator Fitness-For-Duty Questionnaire

cc w/encl: (see page 3)

cc :

Mr. David H. Wilson
Plant Manager
Virginia Electric and Power Company
Surry Power Station
5570 Hog Island Road
Surry, VA 23883

Mr. Geoffrey R. Hill
Manager, Nuclear Training
Virginia Electric and Power Company
Surry Power Station
5570 Hog Island Road
Surry, VA 23883

Ms. Adina K. LaFrance
Licensing Manager
Virginia Electric and Power Company
Surry Power Station
5570 Hog Island Road
Surry, VA 23883

SUBJECT: LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST dated September 13, 2022

DISTRIBUTION

- D. Bacon, RII, OB1
- T. Stephen, RII, OB1
- B. Towne, RII, RI

* See previous page for concurrence

PUBLICLY AVAILABLE NON-PUBLICLY AVAILABLE SENSITIVE NON-SENSITIVE

ADAMS: Yes ACCESSION NUMBER **ML22258A220** SUNSI REVIEW COMPLETE FORM 665 ATTACHED

OFFICE	RII/DRS/OB1	RII/DRS/OB1	RII/DRS/OB1		
NAME	DEgelstad	DBacon	TStephen		
DATE	09/ 12 /2022	09/ 12 /2022	09/ 13 /2022		

OFFICIAL RECORD COPY

Licensed Operator Fitness-for-Duty Questionnaire

Surry Power Station is requested to provide the following information concerning the fitness-for-duty occurrence of September 7, 2022, 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 levels for the substance, and the dates that any tests were confirmed or determine positive.
3. ¹Whether the operator used, sold, or possessed illegal drugs. If so, please provide the details of the circumstances surrounding such use, sale, or possession.

²Whether the operator consumed alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such consumption.
4. For the illicit drug positive test, how was the positive test determined? Are the results calculated or tabulated using extrapolation or was there a determination made by facility medical staff? If an assessment was made (qualitative or quantitative), what are the specific station procedure requirements to make this determination?
5. For the alcohol positive test, was this an actual positive test by breathalyzer or blood test result? If not, was this a determination by facility medical staff? Are the results calculated or tabulated using extrapolation? If an assessment was made (qualitative or quantitative), what are the specific station procedure requirements to make this determination?
6. Whether the operator was at the controls or supervising licensed activities while under the influence of (drug/alcohol). If so, please provide the details of the operator's performance of licensed duties while under the influence of (drug/alcohol).
7. Were there any special circumstances that would have contributed or would better explain the positive test? Was there anything that occurred according to the operator prior to or after reporting to work?
8. When did the operator report to work and how long had he/she been onsite before being tested?
9. Were there any abnormal interactions, conversations or actions observed by the staff or supervision? Was the staff and/or immediate supervisor of record or any other management interviewed?
10. Does the site have a Continual Behavior Observation Program? Did the program capture anything? If so, what was observed? If not, why not?

¹Use this question only if the occurrence involves illegal drugs.

²Use this question only if the occurrence involves alcohol.

Enclosure

11. Whether the operator was involved in any errors related to this occurrence. If, please provide the details and the significance or consequences.
12. Was a corrective action document written? Please provide a copy.
13. What is the facility's intentions with regard to the operator's resumption of duties under the 10 CFR Part 50 and Part 55 licenses, including the plans for any follow-up testing or consultation?
14. Is there any other information you would like to provide to help the agency better understand the positive FFD test result?