

September 27, 2005

Mr. James A. Spina
Vice President
Constellation Energy Group
Nine Mile Point Nuclear Station, LLC
P.O. Box 63
Lycoming, NY 13093

SUBJECT: NINE MILE POINT, UNIT 1
LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST

Dear Mr. Spina:

Your facility reported on September 21, 2005 that a NRC-licensed operator tested positive following a random fitness-for-duty test and the test was confirmed on September 23, 2005 (ENS Report No. 42005). Although we have obtained preliminary information from Mr. Robert Godley of your staff, this letter is a formal request for information pertaining to this occurrence. Please provide, within 30 days after the date of this letter, answers to the questions listed in the enclosure and other records and information on this operator's fitness for duty which are relevant to this occurrence. We request that any personal, proprietary, or safeguards information in your response be contained in a separate enclosure and appropriately marked. The affidavit required by 10 CFR 2.390(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) 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 a letter of the operator's permanent 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 Part 50 or Part 55. The information supplied will be maintained in NRC Privacy Systems of Records-16 and will be subject to the Privacy Act.

Mr. James A. Spina

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If you have any questions concerning this matter, please contact Mr. Richard J. Conte, Chief, Operations Branch, at 610-337-5183. The requested information should be sent to Mr. Conte's attention at the NRC, Region I Office, 475 Allendale Road, King of Prussia, PA 19406-1415. Your cooperation is appreciated.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC web site at <http://www.nrc.gov/reading-rm/adams.html> (The Public Electronic Reading Room).

Sincerely,

/RA/

A. Randolph Blough, Director
Division of Reactor Safety

Docket No. 50-220
License No. DPR-63

Enclosure: Licensed Operator Fitness-for-Duty Questionnaire

cc w/encl:

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OFFICE	RI/DRS/OB		RI/DRS/OB		NRR/DIPM		
NAME	CJBixler (CJB)		RJConte (JGC for)		DTrimble (RJC for)		
DATE	09/21/05		09/27/05		09/26/05		

OFFICE	RI/DRP		RI/DRS/OSB				
NAME	JTrapp (JMT)		ARBlough (ARB)				
DATE	09/22/05		09/27/05				

OFFICIAL RECORD COPY

Licensed Operator Fitness-for-Duty Questionnaire

Nine Mile Point, Unit 1, is requested to provide the following information concerning the fitness-for-duty occurrence of September 21, 2005, 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, including quantification, 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.

OR

Whether the operator consumed alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such consumption.

4. Whether the operator was at the controls or supervising licensed activities while under the influence of drugs or alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence of drugs or alcohol.
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