



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE RD. SUITE 210
LISLE, IL 60532-4352

April 4, 2014

Mr. Scott D. Darin
Site Vice President
Quad Cities Nuclear Power Station
Exelon Generation Company, LLC
22710 206th Avenue North
Cordova, IL 61242-9740

**SUBJECT: QUAD CITIES NUCLEAR POWER STATION; REQUEST FOR INFORMATION
REGARDING LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST**

Dear Mr. Darin:

Your facility reported on March 26, 2014, that an NRC-licensed operator tested positive for alcohol following a random fitness-for-duty test taken on March 26, 2014. Although we have obtained preliminary information from Mr. J. Burke of your staff that the individual was not on shift at the time of identification, 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) and confirm that: (1) the operator meets the general health requirements of ANSI/ANS-3.4-1996; (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-3.4-1996 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 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-3.4-1996.

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.

If you have any questions concerning this matter, please contact Mr. Hironori Peterson, Chief, Operations Branch, at 630-829-9707. The requested information should be sent to Mr. Peterson's attention at the NRC Region III Office, 2443 Warrenville Road, Suite 210, Lisle, IL 60532-4352. Your cooperation is appreciated.

S. Darin

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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 System (PARS) component of NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

/RA By M. Shuaibi Acting For/

Gary L. Shear, Director
Division of Reactor Safety

Docket Nos. 50-254; 50-265
License Nos. DPR-29; DPR-30

Enclosure:
FFD Questionnaire

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Licensed Operator Fitness-for-Duty Questionnaire

Exelon Generation is requested to provide the following information concerning the fitness-for-duty occurrence of March 26, 2014, 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. A detailed chronology (timeline) associated with this event, including all the information developed as a result of your review of the event (e.g., the report documenting your review of this matter, summaries of interviews, etc.), and actions taken or planned.
4. Whether the operator consumed alcohol within the protected area of the plant. If so, please provide the details of the circumstances.
5. Whether the operator was at the controls or supervising licensed activities while under the influence of alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence of alcohol. If not, please indicate what role the operator was reporting for/engaged in and whether this role required an NRC license by site procedure.
6. 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.
7. Whether the operator fulfilled a position that was required to meet minimum licensed operator staffing requirements (fire brigade, emergency plan operations, etc.) while under the influence.
8. 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.
9. Any other relevant information which will facilitate the NRC review of this matter.
10. Please submit copies of relevant procedures if referenced in the above response, including at a minimum your site fitness-for-duty procedure.

Enclosure

S. Darin

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Gary L. Shear, Director
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