



Cynthia R. Hafenstine
Manager Regulatory Affairs

February 29, 2016

RA 16-0016

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

Subject: Docket No. 50-482: Electronic Submittal of Annual Fitness for Duty
Program Performance Report and Annual Fatigue Report for 2015

Gentlemen:

Please be advised that Wolf Creek Nuclear Operating Corporation (WCNOC) submitted the Annual Fitness for Duty (FFD) program performance data and Annual Fatigue Report for 2015 to the Nuclear Regulatory Commission (NRC) FFD Program Performance Data Reporting System through the U.S. NRC Electronic Information Exchange on February 25, 2016. This submittal meets the requirements in 10 CFR 26.203, 10 CFR 26.717 and 10 CFR 26.719. In accordance with 10 CFR 26.11, copies of the reported information are also enclosed with this report for the appropriate regional office and resident inspector.

This letter contains no commitments. If you have any questions concerning this matter, please contact me at (620) 364-4204.

Sincerely,

A handwritten signature in black ink that reads "Cynthia R. Hafenstine". The signature is fluid and cursive, with the first name "Cynthia" being the most prominent.

Cynthia R. Hafenstine

CRH/rlt

Enclosures: copies of 2015 FFD and Fatigue Reports

cc: M. L. Dapas (NRC), w/e
C. F. Lyon (NRC), w/e
N. H. Taylor (NRC), w/e
Senior Resident Inspector (NRC), w/e

P.O. Box 411 / Burlington, KS 66839 / Phone: (620) 364-8831

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APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 11/30/2017

Estimated burden per response to comply with this collection request is 114 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.717. The information is required by NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FOIA, Privacy and Information Collection Branch (T5-F53), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to Infocollects.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.

- 1) All fields required unless marked 'optional'
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☐ Submission
Update

Select Facility

Period of Report

Wolf Creek [50-482]

2015

Tests Conducted in the Calendar Year

Reason For Testing	Total Number of Tests Conducted		Total Number of Positive, Adulterated, Substituted, and Refusal to Test Results
	Licensee Employees	Contractors/Vendors	
Pre-Access	82	1,368	8
Random	564	291	0
For Cause	1	2	1
Post-Event	0	0	0
Followup	31	75	0
Total (Calculated)	678	1,736	9

FFD Program Random Testing Population and Rate

Average number of
licensee employees

1,034

Average number of
contractors/vendors

571

Total size of the random testing pool
throughout the period (Calculated)

1,605

Annual random testing percentage
achieved for the testing pool

53.2

Laboratory Testing

Does your program use a
Licensee Testing Facility?
(Yes / No)

No

Identify your HHS-Certified Laboratory(ies)

Clinical Reference Laboratory, Lenexa, KS

Identify your Blind Performance Test Sample supplier(s)

AT Laboratories, Inc., Lenexa, KS

Substances Tested

Did your program only test for NRC-required substances
AND at the NRC-specified minimum cutoff levels? (Yes / No)

Yes

Does your program conduct LOD testing
permitted in 26.163(a)(2)? (Yes / No)

No

Substances Tested - continued

Summary of Management Actions - 26.717(b)(8)

Summarize actions implemented to improve FFD program performance. As applicable, reference in the topic description audit reports, 30-day reports, and/or corrective action reports. If reporting information on more than three topics, select "Others" for Topic 3 to report any additional topics.

Topic 1

Other(s)

Please elaborate:

For Cause Test due to attempt to subvert the testing program. Individual had a container of synthetic urine on his person.

Topic 1 Description

NRC Event Report 50863 and Security Incident Report 03-03-1196. Individual attempted to bring synthetic urine into PAB. Security found container on person after search as a result of setting off the explosive at main security access. Basic Cause Evaluation performed. CR 00092772. Informed all qualified collectors of incident and need to verify donor's pockets are empty prior to urine collection. Added incident description to training for collectors.

Topic 2

Random Testing

Topic 2 Description

CR 00094613 on FFD collections not performed as required by procedures. A tracking notebook was prepared for tracking of Random and Follow-up FFD collections. Use of the notebook was reviewed with the FFD collectors. This notebook is used to track the dates of personnel selected for a random or follow-up FFD screen that were not available for collection after contacting the FFD supervisor.

☒ Add an additional Topic

Topic 3

Program and System Management

Topic 3 Description

Two quality surveillances were performed in 2015. QS 2015-1404 "FFD Sample Collections"; no findings or CRs resulted from this surveillance. QS 2015-1460 on "Corrective Actions of CR 00082947", the action implemented was automatic notifications to the Access Screening Mailbox on FFD Pre-access collections on R1Y/R30 collections to ensure Unescorted Access (UA) is withdrawn if FFD results are not received within four days of collection. A recommendation was made to have the system notify security on the fifth day if the results were not received. This was determined to not be needed since Access Screening is monitoring the receipt of the results and taking action on the fourth day.

Person(s) Responsible for Information Provided

Person 1 (required):

Grant	Riles	Supervisor Access Screening	grriles@wcnoc.com
First Name	Last Name	Position Title	Company Email Address

Person 2 (optional):

Kenneth	Craighead	Fitness For Duty Program	kecraig@wcnoc.com
First Name	Last Name	Position Title	Company Email Address

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

50-482-A1-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

02/23/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Reinstatement (Between 31 and 365 days)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) ☐ No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

☐ No

Test Results - 26.717(b)(4)

Test Validity

Not Applicable

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Alcohol Only

Alcohol Testing

Breath

Substance - 26.717(b)(2) & (b)(6)

Alcohol

What 26.103 BAC level was exceeded?

0.04 or greater

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

☐ No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

Riles

Supervisor Access Screening

griles@wcnoc.com

First Name

Last Name

Position Title

Company Email Address

Person 2 (optional):

Kenneth

Craighead

Fitness For Duty Program

kecraig@wcnoc.com

First Name

Last Name

Position Title

Company Email Address

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Unique Reference ID (Licensee Supplied)

50-482-D1-15

Select Facility

Wolf Creek [50-482]

Reason for Testing - 26.717(b)(5)

For Cause

For Cause Testing Reason

Other

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Yes

Please elaborate on the 24-hour reporting event

NRC Event Report 50863 and Security Incident Report 03-03-1196. Individual attempted to bring synthetic urine into PAB. Security found container on person after search as a result of setting off the explosive detector at main security access.

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75

Yes

Substance - 26.717(b)(2) & (b)(6)

Marijuana

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)?

Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

Yes

Please elaborate on the choice(s) selected:

Individual had a container of synthetic urine on his person to be use in case he was selected for a random.

☐ Did not appear for testing

☒ Specimen paraphernalia identified

☐ Refused to provide initial specimen

☐ Specimen characteristics (e.g., color, odor, precipitant)

☐ Refused to provide second specimen

☐ Invalid test result (initial specimen collected) - 26.185(f)

☐ Specimen temperature (out of range)

☐ Refused to follow directions

☐ Other

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

Subversion attempt

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

Permanent Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

Riles

Supervisor Access Screening

griles@wcnc.com

First Name

Last Name

Position Title

Company Email Address

Person 2 (optional):

Kenneth

Craighead

Fitness For Duty Program

kecraig@wcnc.com

First Name

Last Name

Position Title

Company Email Address

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Unique Reference ID (Licensee Supplied)

50-482-D2-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

03/09/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Other

Please elaborate

Cafeteria worker

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) ☐ No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

☐ No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75 ☐ No

Substance - 26.717(b)(2) & (b)(6)

Amphetamines

Additional Substance (as applicable)

Methamphetamines

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)? ☐ Yes

Use NRC Cutoff (Yes / No)? ☐ Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

☐ No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

Riles

Supervisor Access Screening

griles@wcnc.com

First Name

Last Name

Position Title

Company Email Address

Person 2 (optional):

Kenneth

Craighead

Fitness For Duty Program

kecraig@wcnc.com

First Name

Last Name

Position Title

Company Email Address

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Unique Reference ID (Licensee Supplied)

50-482-D3-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

02/09/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Facility Support

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75

No

Substance - 26.717(b)(2) & (b)(6)

Marijuana

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)?

Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant	Riles	Supervisor Access Screening	griles@wcnoc.com
First Name	Last Name	Position Title	Company Email Address

Person 2 (optional):

Kenneth	Craighead	Fitness For Duty Program	kecraig@wcnoc.com
First Name	Last Name	Position Title	Company Email Address

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Unique Reference ID (Licensee Supplied)

50-482-D4-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

01/26/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Facility Support

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) ☐ No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

☐ No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75 ☐ No

Substance - 26.717(b)(2) & (b)(6)

Methamphetamines

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)? ☐ Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

☐ No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

First Name

Riles

Last Name

Supervisor Access Screening

Position Title

grriles@wcnc.com

Company Email Address

Person 2 (optional):

Kenneth

First Name

Craighead

Last Name

Fitness For Duty Program

Position Title

kecraig@wcnc.com

Company Email Address

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Unique Reference ID (Licensee Supplied)

50-482-D5-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

02/16/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Reinstatement (Between 31 and 365 days)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Facility Support

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75

Yes

Substance - 26.717(b)(2) & (b)(6)

Marijuana

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)?

Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

Riles

Supervisor Access Screening

griles@wcnoc.com

First Name

Last Name

Position Title

Company Email Address

Person 2 (optional):

Kenneth

Craighead

Fitness For Duty Program

kecraig@wcnoc.com

First Name

Last Name

Position Title

Company Email Address

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Unique Reference ID (Licensee Supplied)

50-482-D6-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

03/09/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Other

Please elaborate

Cafeteria Worker

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75

No

Substance - 26.717(b)(2) & (b)(6)

Marijuana

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)?

Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

Riles

Supervisor Access Screening

grilles@wnoc.com

First Name

Last Name

Position Title

Company Email Address

Person 2 (optional):

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Craighead

Fitness For Duty Program

kecraig@wnoc.com

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Unique Reference ID (Licensee Supplied)

50-482-D7-15

Select Facility

Wolf Creek [50-482]

Date of Collection
(mm/dd/yyyy)

02/23/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Reinstatement (Between 31 and 365 days)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) ☐ No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

☐ No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75 ☐ No

Substance - 26.717(b)(2) & (b)(6)

Marijuana

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)? ☐ Yes

Subversion Attempts - 26.717(b)(7) and 26.75(b)

Did this collection involve a subversion attempt (Yes/No)?

☐ No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Grant

First Name

Riles

Last Name

Supervisor Access Screening

Position Title

griles@wcnc.com

Company Email Address

Person 2 (optional):

Kenneth

First Name

Craighead

Last Name

Fitness For Duty Program

Position Title

kecraig@wcnc.com

Company Email Address

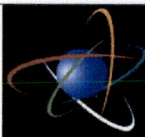
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U.S. NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

Electronic Information Exchange

APPROVED BY OMB: NO. 3150-0146

EXPIRES: 11/30/2017

Estimated burden per response to comply with this collection request is 162 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 waivers. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collection Branch (TS-433), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to InfoCollection.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-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.

NRC FFD Program Performance Data Reporting System 10 CFR Part 26, Subpart I - Managing Fatigue Annual Fatigue Reporting Form for the EIE General Submission Portal

Select Facility: Period of Report:

☐ 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)

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	Outage Total (days 1-60)	Outage Total (after day 60)	Combined Total
		Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	(Calculated)	(Calculated)	(Calculated)	(Calculated)
Daily Work Hours 26.205(d)(1)	Exceeded 16 work hrs in any 24 hr period																			
	Exceeded 26 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/t successive work periods (or 8 hr break accommodating scheduled transition b/t 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																			
	Average of less than 2 days off per week for 12-hour maintenance shifts																			
Minimum Days Off for Outage Activities (during first 60 days of outage) 26.205(d)(4) and 26.205(d)(5)	Average of less than 3 days off per week for 12-hour security shifts																			
	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)																			
Alternate to Minimum Days Off 26.205(d)(7)	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.

Person(s) Responsible for Information Provided

Person 1 (required):

First Name: Last Name: HR SPECIALIST: Company Email Address:

Person 2 (optional):

First Name: Last Name: LABOR RELATIONS ADMINISTRATOR: Company Email Address:

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only when the "Validate & Lock" button has been selected and all errors (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed and the form is ready for submission.

Locked Form Locked On: Feb 23, 2016 at 8:42:21 AM Save to Local PC Print this Report

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

Analysis of Waiver Assessment Data: (Limit 10,000 characters)

No waivers were initiated for 2015.

Analysis of Fatigue Assessment Data: (Limit 10,000 characters)

Five (5) Fatigue Assessments were completed for 2015. All five (5) fatigue assessments were Fatigue Assessments. Actions taken were to place ACAD badge on hold pending drug & alcohol results. Fatigue Assessments were completed by procedure and by qualified fatigue assessors. All fatigue assessments were documented within the corrective action system.

Conclusions: (Limit 10,000 characters)

Waivers: zero waivers were initiated for 2015. No corrective action documents were initiated for waiver process or program improvements.

Fatigue Assessments: The 2015 Fatigue Management Annual assessment did identify existing issues for two (2) fatigue assessments and those were corrected when found. Reference condition report CR00102272.

Summary and Status of Corrective Actions: (Limit 10,000 characters)

The evaluation review period is 01-01-2015 through 12-31-2015. During this review period zero (0) waivers were performed and five (5) fatigue assessments were initiated. Condition reports were initiated for fatigue assessments within the corrective action program. The 2015 Fatigue Management Annual assessment performed a compliance and performance review of 2015 condition reports that were initiated for the fatigue management program and no gaps or areas for improvement were identified. Reference quick hit assessment QH-2016-1228.

General Comments (optional) (Limit 10,000 characters)

**NRC FFD Program Performance Data Reporting System
10 CFR Part 26, Subpart I – Managing Fatigue
Attachment**

This attachment provides the entire narrative as the NRC form has been created with boxes that scroll down, and when printed, the information prints very small due to the way the NRC has built the electronic FM form.

Analysis of Waiver Assessment Data:

No waivers were initiated for 2015.

Analysis of Fatigue Assessment Data:

Five (5) Fatigue Assessments were completed for 2015. All five (5) fatigue assessments were For-Cause.

Actions taken were to place ACAD badge on hold pending drug & alcohol results. Fatigue Assessments were completed by procedure and by qualified fatigue assessors. All fatigue assessments were documented within the corrective action system.

Conclusions:

Waivers: zero waivers were initiated for 2015. No correction action documents were initiated for waiver process or program improvements.

Fatigue Assessments: The 2015 Fatigue Management Annual assessment did identify vaulting issues for two (2) fatigue assessments and those were corrected when found. Reference condition report CR00102272.

Summary and Status of Corrective Actions:

The evaluation review period is 01-01-2015 through 12-31-2015. During this review period zero (0) waivers were performed and five (5) fatigue assessments were initiated. Condition reports were initiated for fatigue assessments within the corrective action program.

The 2015 Fatigue Management Annual assessment performed a compliance and performance review of 2015 conditions reports that were initiated for the fatigue management program and no gaps or areas for improvement were identified. Reference quick hit assessment QH-2016-1228.