



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37379

J. L. Wilson
Vice President, Sequoyah Nuclear Plant

July 2, 1992

Mr. S. D. Ebnetter
U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, NW, Suite 2900
Atlanta, Georgia 30323

Attention: Mr. Tom Peebles

Gentlemen:

In the Matter of)	Docket Nos. 50-327
Tennessee Valley Authority)	50-328

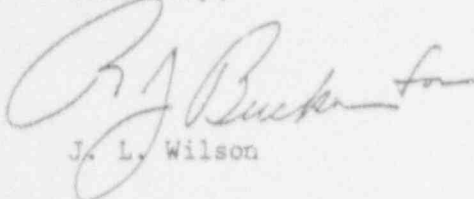
SEQUOYAH NUCLEAR PLANT (SQN) - CANDIDATES FOR THE REACTOR OPERATOR (RO)
AND SENIOR REACTOR OPERATOR (SRO) LICENSING EXAMINATIONS

SQN requests that the candidates listed in the enclosure be registered for the RO and SRO licensing examinations that are scheduled to begin July 20, 1992. Certification that all training has been completed is enclosed.

Because of the administratively confidential nature of the enclosure, it is requested that the information contained in the enclosure be withheld from public disclosure in accordance with 10 CFR 2.790(a)(6).

If you have any questions concerning this submittal, please telephone Rick C. King at (615) 843-4173.

Sincerely,



J. L. Wilson

Enclosures
cc: See page 2

050025
9207090172 920702
PDR ADOCK 05000327
PDR

IE42
11

U.S. Nuclear Regulatory Commission
Page 2

cc: Mr. D. E. LaBarge, Project Manager
U.S. Nuclear Regulatory Commission
One White Flint, North
11555 Rockville Pike
Rockville, Maryland 20852

U.S. Nuclear Regulatory Commission (Enclosures)
ATTN: Document Control Desk
Washington, D.C. 20555

NRC Resident Inspector
Sequoyah Nuclear Plant
2600 Igou Ferry Road
Soddy Daisy, Tennessee 37379

Mr. B. A. Wilson, Project Chief
U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, NW, Suite 2900
Atlanta, Georgia 30323

ENCLOSURE

REACTOR OPERATOR (RO) AND SENIOR REACTOR OPERATOR (SRO)
PRELIMINARY CANDIDATES

The nine candidates listed are the applicants for the RO and SRO licensing examinations.

<u>Name</u>	<u>Exam Type</u>	<u>Date of Birth</u>	<u>Previous 10 CFR 55 License Number</u>
Lannace William Coe, Jr.	RO	11/22/54	
Jerry Arthur Deal	RO	07/02/56	
Calvin G. Fields	SRO	10/26/53	
Elwood Lee Hyden	SRO	01/17/53	OP-20256-2
Lewis Westley Jones, Jr.	RO	03/28/59	
John Edward Stinson	RO	09/06/56	
Norman Roland Thomas	SRO	12/02/57	
Anthony Lebron Tinsley	RO	04/21/52	
Judy Ruth Varner	SRO	01/05/49	OP-20311-1

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNRB 7714) U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)			4. TYPE OF APPLICATION (Check applicable boxes)			<input checked="" type="checkbox"/> HOT		<input type="checkbox"/> COLD							
Coe, Lannace William, Jr. 8319 Blue Spruce Drive Hixson, TN 37343			<input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (MMPND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION			1. WAIVER REQUESTED (Justify on Reverse) 1. WRITTEN (Category) 2. OPERATING (Category) 3. ELIGIBILITY 4. MEDICAL 5. OTHER									
2. CITIZENSHIP		3. BIRTH DATE		1. FIRST 2. SECOND 3. THIRD		<input checked="" type="checkbox"/> 3. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (If Applicable)		MM YY 06 91							
<input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		MONTH DAY YEAR 11 22 54													
5. TYPE OF LICENSE APPLIED FOR			6. PREVIOUS LICENSE(S) HELD												
<input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler)			a. DOCKET NUMBER RO SRO 55- 21745		b. LICENSE NUMBER MONTH DAY YEAR		c. FACILITY DOCKET NUMBER 50-								
7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER			10. CURRENT POSITION AT FACILITY												
Tennessee Valley Authority P.O. Box 2000 Soddy-Daisy, TN 37379			<input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> i. L. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify)												
8. NAME OF APPLICANT'S FACILITY			FACILITY DOCKET NUMBER												
Sequoyah Nuclear Plant			50-327												
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)			50-328												
11. EDUCATION															
a. HIGH SCHOOL		c. MAJOR AREA(S) OF STUDY		NUMBER OF YEARS		HIGHEST DEGREE (If None)		DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)		d. VOCATIONAL/TECHNICAL		NUMBER OF MONTHS		CERTIFICATE RECEIVED	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		ENGINEERING (FIELD) Mechanical Engr Tech OTHER Associate of Arts General		2 2		2 2		0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL		TVA Nuclear Operator Training Program		18		X	
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)										13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)					
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)			b. MONTH AND YEAR FROM TO		c. NUMBER OF WEEKS		NAVY			d. MONTH AND YEAR FROM TO		e. NUMBER OF MONTHS			
2 - PLANT SYSTEMS CLASSROOM OBSERVATION							1. RO 2. EOW/PPWD 3. EWS/PPWS 4. ERS/CRW 5. OTHER (Specify)								
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)							FOSSIL								
SIMULATOR NAMES a. Sequoyah Unit 1							6. OPERATOR 7. SUPERVISOR 8. PLANT STAFF 9. OTHER (Specify)								
b. CERTIFIED STARTUP PROGRAM COMPLETED			YES NO				COMMERCIAL NUCLEAR (Including Research/Test Reactor)								
c. NUMBER OF REACTIVITY MANIPULATIONS			PLANT SIMULATOR				10. REACTOR OPERATOR (Licensed)								
15							11. SENIOR OPERATOR (Licensed)								
4 - SRO INSTRUCTION							12. SHIFT SUPERVISOR (Licensed)								
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (13 WEEK MINIMUM)							13. STAFF/SHIFT ENGINEER (Licensed)								
a. TIME ON SHIFT ABOVE 20% POWER (5 WEEK MINIMUM)							14. AUX. EQUIP. OPERATOR (Non-licensed)								
6 - REQUALIFICATION							15. PLANT STAFF								
7 - OTHER (Specify)							16. OTHER (Specify)								

**CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (MMRB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT
COE, Lannace W. JR.

FACILITY
SEQUOYAH HEALTH STATION

FACILITY DOCKET NUMBER
50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

STATE AND LICENSE NUMBER

EXAMINATION DATE

Robert H. Goffe

TN 02737

92 04 06

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
☐ 5. RESTRICTION CHANGE FROM PREVIOUS—SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) | TITLE

DATE

J. L. Wilson

SON Site Vice President

6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL, ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST 2.0 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH
(MNRB 7714), U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUC-
TION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)

Deal Jerry Arthur
484 King Crest Lane
Hixson, TN 37343

4. TYPE OF APPLICATION (Check applicable boxes)

☒ HOT ☐ COLD

- ☒ a. NEW
☐ b. RENEWAL
☐ c. UPGRADE
☐ d. MULTI-UNIT (AMEND TO
INCLUDE ADDITIONAL UNIT)
☐ e. REAPPLICATION

1. WAIVER REQUESTED
(Justify on Reverse)
1 - WRITTEN (Category)
2 - OPERATING (Category)
3 - ELIGIBILITY
4 - MEDICAL
5 - OTHER

- 1 - FIRST
2 - SECOND
3 - THIRD

☒ 9. DATE PASSED GENERIC FUNDAM.
MENTALS EXAMINATION SECTION
(IF APPLICABLE)

MM YY
06 91

2. CITIZENSHIP

3. BIRTH DATE

☒ a. UNITED STATES
☐ b. OTHER (Specify)

MONTH DAY YEAR
07 02 56

5. TYPE OF LICENSE APPLIED FOR

6. PREVIOUS LICENSE(S) HELD

- ☒ a. OPERATOR
☐ b. SENIOR OPERATOR
☐ c. LIMITED SRO (e.g., Fuel Handler)

d. DOCKET NUMBER RO SRO
55- 21746

e. LICENSE NUMBER

f. EXPIRATION DATE

g. FACILITY DOCKET NUMBER

50-

7. NAME AND ADDRESS (include ZIP Code) OF APPLICANT'S EMPLOYER

Tennessee Valley Authority
P.O. Box 2000
Soddy-Daisy, TN 37379

10. CURRENT POSITION AT FACILITY

- ☒ a. PLANT SUPERINTENDENT
☐ b. ASSISTANT PLANT SUPERINTENDENT
☐ c. SHIFT SUPERVISOR
☐ d. STAFF ENGINEER
☐ e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER
☐ f. INSTRUCTOR
☐ g. SENIOR CONTROL ROOM OPERATOR
☐ h. CONTROL ROOM OPERATOR

☒ i. AUXILIARY UNIT OPER-
ATOR/TRAINEE/TURBINE
BUILDING/EQUIPMENT
OPERATOR (NON LICENS-
ED OPERATOR)
☐ j. OTHER (Specify)

8. NAME OF APPLICANT'S FACILITY

FACILITY DOCKET NUMBER

Sequoyah Nuclear Plant

50-327

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

50-328

11. EDUCATION

a. HIGH SCHOOL

c. MAJOR AREA(S) OF STUDY

NUMBER
OF YEARS

HIGHEST
DEGREE

DEGREE CODES
(To be used for
"HIGHEST DEGREE" obtained)

d. VOCATIONAL/TECHNICAL

NUMBER
OF MONTHS

CERTIFICATE
RECEIVED

- ☒ GRADUATE
☐ GED EQUIVALENCY
☐ NO

ENGINEERING (FIELD)
Nuclear Engr Tech

3

0

- 0 - NONE
1 - CERTIFICATE
2 - ASSOCIATE
3 - BACHELOR
4 - MASTER
5 - DOCTORAL

e. TYPE OF TRAINING
TVA Nuclear Operator
Training Program

18

X

b. NUMBER OF
YEARS OF
COLLEGE

7

OTHER
Mech Engr Tech A.S.
Gen Education A.S.

2

2

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

1 - NUCLEAR POWER PLANT FUNDAMENTALS (Class room)

2 - PLANT SYSTEMS
CLASSROOM
OBSERVATION

3 - OPERATING PRACTICE
CONTROL ROOM OPERATIONS ON SHIFT

SIMULATOR OPERATING (includes Classroom)

SIMULATOR NAMES

Sequoyah Unit 1

4 - CERTIFIED STARTUP
PROGRAM COMPLETED

YES

NO

NUMBER OF REACTIVITY MANIPULATIONS

19

4 - SRO INSTRUCTION

5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM

(13-WEEK MINIMUM)

6 - TIME ON SHIFT ABOVE 30% POWER

(16-WEEK MINIMUM)

6 - REQUALIFICATION

7 - OTHER (Specify)

NAVY

- 1 - RO
2 - EOOW/PPWO
3 - EWS/PPWS
4 - ERS/CRW
5 - OTHER (Specify)

FOSSIL

- 6 - OPERA
7 - SUPERVISOR
8 - PLANT STAFF
9 - OTHER (Specify)

COMMERCIAL NUCLEAR (Including Research/Test Reactors)

- 10 - REACTOR OPERATOR (Licensed)
11 - SENIOR OPERATOR (Licensed)
12 - SHIFT SUPERVISOR (Licensed)
13 - STAFF/SHIFT ENGINEER (Licensed)
14 - AUX./EQUIP OPERATOR (Nonlicensed)
15 - PLANT STAFF
16 - OTHER (Specify)

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (MRRB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

DEAL, Jerry A

FACILITY

Sequoyah Nuclear Plant

FACILITY DOCKET NUMBER

50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

COFER, Robert Harrison M.D.

STATE AND LICENSE NUMBER

MO-02737

EXAMINATION DATE

92-03-23

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE DESIGNATED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION--Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL--Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) TITLE

J. L. Wilson

SQA Site Vice President

DATE 6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Marie Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

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AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

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SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (MNRB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT
FIELD, VIN G

FACILITY
SEQUOYAH HEALTH STATION

FACILITY DOCKET NUMBER
30-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

IS IT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

STATE AND LICENSE NUMBER

EXAMINATION DATE

TN. 02737

92-04-06

ON THE BASIS OF EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE
APPLICANT'S PHYSICAL AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH
AND SAFETY. IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, C, ANSI/ANS 15.4-1977 (N380) WAS
FOLLOWED. NO INFORMATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS
FOLLOWS:

1. NO P

- ☒ 2. CORRECTIVE LENSES WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AIDS WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION--Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL--Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (If any)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY
FOR LICENSED OPERATORS.

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PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site) | TITLE

DATE

J. L. Wilson

SON Site Vice President

6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL, ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30333

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Mario Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Participation
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of
1974 (Public Law 93-579), the following statement is furnished to individuals who
supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396.
This information is maintained in a system of records designated as NRC-16 and
described as 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as
amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine
whether the physical condition and general health of the applicant are such that they
will not cause operational errors endangering public health and safety. This information
may be used by the NRC staff to determine if the individual meets the requirements
of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or
local agency in the event the information indicates a violation or potential violation of law
and in the event the information indicates a violation or potential violation of law and in
the course of an administrative or judicial proceeding. In addition, this information may be
transferred to an appropriate Federal, State, and local agency to the extent relevant and
necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON
INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the
requested information is not provided, however, the application for a facility operator's
or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of
Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 20 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH
(MNEB 7714), U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUC-
TION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)		4. TYPE OF APPLICATION (Check applicable boxes)		X HOT COLD	
Hyden, Elwood Lee 2330 Crescent Club Drive Hixson, TN 37343		a. NEW b. TRANSFER c. UPGRADE d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) e. REAPPLICATION		1. WAIVER REQUESTED (Justify on Reverse) 1 - WRITTEN (Category) 2 - OPERATING (Category) 3 - ELIGIBILITY 4 - MEDICAL 5 - OTHER	
2. CITIZENSHIP		3. BIRTH DATE		6. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)	
X UNITED STATES b. OTHER (Specify)		MONTH DAY YEAR 01 17 53		MM YY	
5. TYPE OF LICENSE APPLIED FOR		6. PREVIOUS LICENSE(S) HELD		7. FACILITY DOCKET NUMBER	
a. OPERATOR X b. SENIOR OPERATOR c. LIMITED SRO (e.g., Fuel Handler)		a. DOCKET NUMBER RO SRO 55- 20515 X		b. LICENSE NUMBER OP-20256-2	
		c. EXPIRATION DATE MONTH DAY YEAR 11 21 94		d. FACILITY DOCKET NUMBER 50- 327 & 328	
7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER		10. CURRENT POSITION AT FACILITY			
Tennessee Valley Authority P.O. Box 2000 Soddy-Daisy, TN 37379		a. PLANT SUPERINTENDENT b. ASSISTANT PLANT SUPERINTENDENT c. SHIFT SUPERVISOR d. STAFF ENGINEER e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER f. INSTRUCTOR g. SENIOR CONTROL ROOM OPERATOR X h. CONTROL ROOM OPERATOR			
8. NAME OF APPLICANT'S FACILITY Sequoyah Nuclear Plant		FACILITY DOCKET NUMBER 50-327			
9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses) 50-328					
11. EDUCATION					
a. HIGH SCHOOL		c. MAJOR AREA(S) OF STUDY		DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)	
X GRADUATE GED EQUIVALENCY NO		ENGINEERING (FIELDS) OTHER Art		0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL	
b. NUMBER OF YEARS OF COLLEGE 3		NUMBER OF YEARS 3		HIGHEST DEGREE 0	
				d. VOCATIONAL/TECHNICAL TYPE OF TRAINING TVA Nuclear Operator Training Program	
				NUMBER OF MONTHS 18	
				CERTIFICATE RECEIVED YES NO X	
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)					
13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)					
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)					
2 - PLANT SYSTEMS CLASSROOM OBSERVATION					
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT					
SIMULATOR OPERATING (Includes Classroom)					
SIMULATOR NAMES a. Sequoyah Unit 1					
b. CERTIFIED STARTUP PROGRAM COMPLETED NUMBER OF REACTIVITY MANIPULATIONS PLANT SIMULATOR					
4 - SRO INSTRUCTION					
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (13-WEEK MINIMUM) a. TIME ON SHIFT ABOVE 20% POWER (6-WEEK MINIMUM)					
6 - REQUALIFICATION					
7 - OTHER (Specify)					
NAVY					
1 - RO 2 - EOOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Specify)					
FOSSIL					
6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify)					
COMMERCIAL NUCLEAR (Including Research/Test Reactor)					
10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPERATOR (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)					

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE 2nd CLASSIFICATION
AND RECORDS MANAGEMENT BRANCH (5403B 7-14), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

HYDEN, Elwood L.

FACILITY

Sequoyah Health Station

FACILITY DOCKET NUMBER

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN

PRINTED NAME (of physician)

Robert H. Cofer, M.D.

STATE AND LICENSE NUMBER

MD-02737

EXAMINATION DATE

92-04-06

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1977 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE

J. L. Wilson

SON Site Vice President

6/30/72

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30223

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
811 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH
(MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUC-
TION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)

Jones, Lewis Westley, Jr.
2472 North Brier Circle
Chattanooga, TN 37406

4. TYPE OF APPLICATION (Check applicable boxes)

- ☒ a. NEW withdrew
☐ b. RENEWAL
☐ c. UPGRADE
☐ d. MULTI-UNIT (AMEND TO
INCLUDE ADDITIONAL UNIT)
☐ e. REAPPLICATION

- ☒ 1. WAIVER REQUESTED
(Justify on Reverse)
1 - WRITTEN (Category)
2 - OPERATING (Category)
3 - ELIGIBILITY
4 - MEDICAL
5 - OTHER

☒ 9. DATE PASSED GENERIC FUNDAMEN-
TALS EXAMINATION SECTION
(IF APPLICABLE)

MM YY
10 9

2. CITIZENSHIP

3. BIRTH DATE

- ☒ a. UNITED STATES
☐ b. OTHER (Specify)

MONTH DAY YEAR
0 3 2 8 5 9

- ☐ 1. FIRST
☐ 2. SECOND
☐ 3. THIRD

5. TYPE OF LICENSE APPLIED FOR

- ☒ a. OPERATOR
☐ b. SENIOR OPERATOR
☐ c. LIMITED SRO (e.g., Fuel Handler)

a. DOCKET NUMBER
55- 21567

b. LICENSE NUMBER

c. EXPIRATION DATE

MONTH DAY YEAR

d. FACILITY DOCKET NUMBER

50-

7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER

Tennessee Valley Authority
P.O. Box 2000
Soddy-Daisy, TN 37379

10. CURRENT POSITION AT FACILITY

- ☐ a. PLANT SUPERINTENDENT
☐ b. ASSISTANT PLANT SUPERINTENDENT
☐ c. SHIFT SUPERVISOR
☐ d. STAFF ENGINEER
☐ e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER
☐ f. INSTRUCTOR
☐ g. SENIOR CONTROL ROOM OPERATOR
☐ h. CONTROL ROOM OPERATOR

- ☒ i. AUXILIARY UNIT OPER-
ATOR/TRAINEE/TURBINE
BUILDING/EQUIPMENT
OPERATOR (NOW LICENS-
ED OPERATOR)
☐ j. OTHER (Specify)

8. NAME OF APPLICANT'S FACILITY

Sequoyah Nuclear Plant

FACILITY DOCKET NUMBER

50-327

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

50-328

11. EDUCATION

a. HIGH SCHOOL

- ☒ GRADUATE
☐ GED EQUIVALENCY
☐ NO

c. MAJOR AREA(S) OF STUDY

ENGINEERING (FIELD)
Mechanical Engr Tech
OTHER

NUMBER
OF YEARS

2

HIGHEST
DEGREE

2

DEGREE CODES
(To be used for
"HIGHEST DEGREE" obtained)

- 0 - NONE
1 - CERTIFICATE
2 - ASSOCIATE
3 - BACHELOR
4 - MASTER
5 - DOCTORAL

d. VOCATIONAL/TECHNICAL

TYPE OF TRAINING
TVA Nuclear Operator
Training Program

NUMBER
OF MONTHS

18

CERTIFICATE
RECEIVED

YES NO
X

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

1 - NUCLEAR POWER PLANT FUNDAMENTALS (Class-
room)

2 - PLANT SYSTEMS
CLASSROOM
OBSERVATION

3 - OPERATING PRACTICE
CONTROL ROOM OPERATIONS ON SHIFT

SIMULATOR OPERATING (Includes Classroom)

SIMULATOR NAMES

a. Sequoyah Unit 1

b. CERTIFIED STARTUP
PROGRAM COMPLETED YES NO

NUMBER OF REACTIVITY MANIPULATIONS

PLANT SIMULATOR

12

4 - SRO INSTRUCTION

5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM
(13-WEEK MINIMUM)

a. TIME ON SHIFT ABOVE 20% POWER
(16-WEEK MINIMUM)

6 - REQUALIFICATION

7 - OTHER (Specify)

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

NAVY

- 1 - RO
2 - ECOW/PPWO
3 - EWS/PPWS
4 - ERS/CRV
5 - OTHER (Specify)

FOSSIL

- 6 - OPERATOR
7 - SUPERVISOR
8 - PLANT STAFF
9 - OTHER (Specify)

COMMERCIAL NUCLEAR (Including Research/Test Reactor)

- 10 - REACTOR OPERATOR (Licensed)
11 - SENIOR OPERATOR (Licensed)
12 - SHIFT SUPERVISOR (Licensed)
13 - STAFF/SHIFT ENGINEER (Licensed)
14 - AUX./EQUIP. OPERATOR (Nonlicensed)
15 - PLANT STAFF
16 - OTHER (Specify)

CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (INBB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT
JONES, JR., LEWIS W.

FACILITY
SEQUOYAH HEALTH STATION

FACILITY DOCKET NUMBER
50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

MARY A. DUFFY, M.D.

STATE AND LICENSE NUMBER

MD - 02737

TN - 12927

EXAMINATION DATE

92 03 30

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Manager, Plant Representative on Site) TITLE

J. L. Wilson

SNQ Site Vice President

DATE

6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL, ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1460 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licenses Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

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SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

1. APPLICANT'S FULL NAME (First, Middle) AND ADDRESS (include ZIP Code) Stinson, John Edward Route 5, Box 5026 Dayton, TN 37321				4. TYPE OF APPLICATION (Check applicable boxes) <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> f. WAIVER REQUESTED (Specify on Reverse) 1. WRITTEN (Category) 2. OPERATING (Category) 3. ELIGIBILITY 4. MEDICAL 5. OTHER </td> </tr> </table>				<input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION	<input checked="" type="checkbox"/> f. WAIVER REQUESTED (Specify on Reverse) 1. WRITTEN (Category) 2. OPERATING (Category) 3. ELIGIBILITY 4. MEDICAL 5. OTHER										
<input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION	<input checked="" type="checkbox"/> f. WAIVER REQUESTED (Specify on Reverse) 1. WRITTEN (Category) 2. OPERATING (Category) 3. ELIGIBILITY 4. MEDICAL 5. OTHER																		
2. CITIZENSHIP <input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		3. BIRTH DATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>09</td> <td>06</td> <td>56</td> </tr> </table>		MONTH	DAY	YEAR	09	06	56	5. TYPE OF LICENSE APPLIED FOR <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler)		6. PREVIOUS LICENSE(S) HELD <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">a. DOCKET NUMBER</td> <td style="width: 33%;">b. LICENSE NUMBER</td> <td style="width: 33%;">c. EXPIRATION DATE</td> </tr> <tr> <td>55- 21748</td> <td></td> <td>MONTH DAY YEAR</td> </tr> </table>		a. DOCKET NUMBER	b. LICENSE NUMBER	c. EXPIRATION DATE	55- 21748		MONTH DAY YEAR
MONTH	DAY	YEAR																	
09	06	56																	
a. DOCKET NUMBER	b. LICENSE NUMBER	c. EXPIRATION DATE																	
55- 21748		MONTH DAY YEAR																	
7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER Tennessee Valley Authority P.O. Box 2000 Soddy-Daisy, TN 37379				10. CURRENT POSITION AT FACILITY <input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR															
8. NAME OF APPLICANT'S FACILITY Sequoyah Nuclear Plant		FACILITY DOCKET NUMBER 50-327		9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licensees) 50-328															
11. EDUCATION																			
a. HIGH SCHOOL <input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NO		c. MAJOR AREA(S) OF STUDY ENGINEERING (FIELD) Chemical Engr OTHER Biology/Chemistry Mech Engr Tech		DEGREE CODES (To be used for "HIGHEST DEGREE" obtained) 0. NONE 1. CERTIFICATE 2. ASSOCIATE 3. BACHELOR 4. MASTER 5. DOCTORAL															
b. NUMBER OF YEARS OF COLLEGE 7		d. VOCATIONAL/TECHNICAL (Type of Training) TVA Nuclear Operator Training Program		NUMBER OF MONTHS 18															
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS) <table style="width:100%; border: none;"> <tr> <th style="width: 60%;">1. NUCLEAR POWER PLANT FUNDAMENTALS</th> <th style="width: 10%;">2. PLANT SYSTEMS CLASSROOM OBSERVATION</th> <th style="width: 10%;">3. OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)</th> <th style="width: 10%;">4. SRO INSTRUCTION</th> <th style="width: 10%;">5. EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)</th> <th style="width: 10%;">6. REQUALIFICATION</th> <th style="width: 10%;">7. OTHER (Specify)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1. NUCLEAR POWER PLANT FUNDAMENTALS	2. PLANT SYSTEMS CLASSROOM OBSERVATION	3. OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	4. SRO INSTRUCTION	5. EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)	6. REQUALIFICATION	7. OTHER (Specify)								13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS) NAVY 1. RO 2. EOW/PPWO 3. EWS/PPWS 4. ERW/CRW 5. OTHER (Specify) FOSSIL 6. OPERATOR 7. SUPERVISOR 8. PLANT STAFF 9. OTHER (Specify) COMMERCIAL NUCLEAR (Including Research/Test Reactors) 10. REACTOR OPERATOR (Licensed) 11. SENIOR OPERATOR (Licensed) 12. SHIFT SUPERVISOR (Licensed) 13. STAFF/SHIFT ENGINEER (Licensed) 14. AUX. EQUIP. OPERATOR (Nonlicensed) 15. PLANT STAFF 16. OTHER (Specify)			
1. NUCLEAR POWER PLANT FUNDAMENTALS	2. PLANT SYSTEMS CLASSROOM OBSERVATION	3. OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)	4. SRO INSTRUCTION	5. EXTRA PERSON ON SHIFT IN CONTROL ROOM (12 WEEK MINIMUM)	6. REQUALIFICATION	7. OTHER (Specify)													

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (MNRB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

STINSON, JOHN E.

FACILITY

SEQUOYAH HEALTH STATION

FACILITY DOCKET NUMBER

50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

COFER, ROBERT HARRISON, M.D.

STATE AND LICENSE NUMBER

MD-02737

EXAMINATION DATE

9/03/92

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

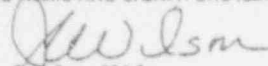
THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

TITLE

DATE


J. L. Wilson

SQN Site Vice President

6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(i)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described as 55 Federal Register 33978 (August 20, 1990).

AUTHORITY: Sections 107 and 181(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH
(MHB 7714), U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUC-
TION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)				4. TYPE OF APPLICATION (Check applicable boxes)				<input checked="" type="checkbox"/> HOT		<input type="checkbox"/> COLD					
Thomas, Norman Roland 7515 Woodland Bay Drive Harrison, TN 37341				<input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION				1. WAIVER REQUESTED (Justify on Reverse) 1 - WRITTEN (Category) 2 - OPERATING (Category) 3 - ELIGIBILITY 4 - MEDICAL 5 - OTHER							
2. CITIZENSHIP		3. BIRTH DATE		1. FIRST 2. SECOND 3. THIRD		6. DATE OF JOI GENERIC FUNDAMENTALS EXAMINATION SECTION (If applicable)		MM		YY					
<input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		MONTH DAY YEAR 1 2 0 2 5 7						0 6		9 1					
5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD											
<input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED *RO (e.g., Fuel Handler)				a. DOCKET NUMBER		RO SRO		b. LICENSE NUMBER		c. EXPIRATION DATE		d. FACILITY DOCKET NUMBER			
				55- 21750						MONTH DAY YEAR		50-			
7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER				10. CURRENT POSITION AT FACILITY											
Tennessee Valley Authority P.O. Box 2000 Soddy-Daisy, TN 37379				a. PLANT SUPERINTENDENT b. ASSISTANT PLANT SUPERINTENDENT c. SHIFT SUPERVISOR d. STAFF ENGINEER e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER f. INSTRUCTOR g. SENIOR CONTROL ROOM OPERATOR h. CONTROL ROOM OPERATOR											
8. NAME OF APPLICANT'S FACILITY				i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NON LICENSED OPERATOR)											
Sequoyah Nuclear Plant				<input checked="" type="checkbox"/> j. OTHER (Specify) Shift Technical Advisor											
9. ADDITIONAL FACILITY DOCKET(S) (Multi-unit License)				50-328											
11. EDUCATION															
a. HIGH SCHOOL		c. MAJOR AREA(S) OF STUDY		NUMBER OF YEARS		HIGHEST DEGREE		DEGREE CODES (To be used for "HIGHEST DEGREE" obtained)		4. VOCATIONAL/TECHNICAL		NUMBER OF MONTHS		CERTIFICATE RECEIVED	
<input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GED EQUIVALENCY <input type="checkbox"/> NC		ENGINEERING (FIELD) Mechanical OTHER		4		3		0 - NONE 1 - CERTIFICATE 2 - ASSOCIATE 3 - BACHELOR 4 - MASTER 5 - DOCTORAL		TVA Shift Technical Advisor (SQN)		6		X	
b. NUMBER OF YEARS OF COLLEGE															
4															
12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)												13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)			
1 - NUCLEAR POWER PLANT FUNDAMENTALS (Classroom)												NAVY			
2 - PLANT SYSTEMS CLASSROOM OBSERVATION												1 - RO 2 - ECOW/PPWO 3 - EWS/PPWS 4 - ERS/CRW 5 - OTHER (Specify)			
3 - OPERATING PRACTICE CONTROL ROOM OPERATIONS ON SHIFT SIMULATOR OPERATING (Includes Classroom)												FOSSIL			
SIMULATOR NAMES												6 - OPERATOR 7 - SUPERVISOR 8 - PLANT STAFF 9 - OTHER (Specify)			
a. Sequoyah Unit 1												COMMERCIAL NUCLEAR (Including Research/Test Reactor)			
b. CERTIFIED STARTUP PROGRAM COMPLETED												10 - REACTOR OPERATOR (Licensed) 11 - SENIOR OPERATOR (Licensed) 12 - SHIFT SUPERVISOR (Licensed) 13 - STAFF/SHIFT ENGINEER (Licensed) 14 - AUX./EQUIP. OPERATOR (Nonlicensed) 15 - PLANT STAFF 16 - OTHER (Specify)			
NUMBER OF REACTIVITY MANIPULATIONS															
PLANT SIMULATOR															
11 6															
4 - SRO INSTRUCTION															
5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM (17-WEEK MINIMUM)															
a. TIME ON SHIFT ABOVE 10% POWER (15-WEEK MINIMUM)															
6 - REQUALIFICATION															
7 - OTHER (Specify)															

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (ANRB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT THOMAS, NORMAN R

FACILITY SEQUOYAH HEALTH STATION

FACILITY DOCKET NUMBER
50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

Robert H. Cofer, M.D.

STATE AND LICENSE NUMBER

MD-02737 Tennessee

EXAMINATION DATE

4/13/92

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☐ 1. NO RESTRICTIONS
- ☒ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☒ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)


J. L. Wilson

TITLE

SQN Site Vice President

DATE

6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Meria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 16 Federal Register 32978 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2201(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST IS 20 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH
(M3B 3714), U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUC-
TION PROJECT (3150-0030), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (Include ZIP Code)

Tinsley, Anthony Lebron
4608 Ricky Drive
Chattanooga, TN 37411-1225

4. TYPE OF APPLICATION (Check applicable boxes)

☒ HOT ☐ COLD

- ☒ a. NEW
☐ b. RENEWAL
☐ c. UPGRADE
☐ d. MULTI-UNIT (AMEND TO
INCLUDE ADDITIONAL UNIT)
☐ e. REAPPLICATION
☐ f. FIRST
☐ g. SECOND
☐ h. THIRD

1. WAIVER REQUESTED
(Justify on Reverse)
1. WRITTEN (Category)
2. OPERATING (Category)
3. ELIGIBILITY
4. MEDICAL
5. OTHER

☒ 2. DATE PASSED GENERIC FUNDAMEN-
TALS EXAMINATION SECTION
(IF APPLICABLE)

MM YY
06 94

2. CITIZENSHIP

3. BIRTH DATE

- ☒ a. UNITED STATES
☐ b. OTHER (Specify)

MONTH DAY YEAR
04 21 52

5. TYPE OF LICENSE APPLIED FOR

- ☒ a. OPERATOR
☐ b. SENIOR OPERATOR
☐ c. LIMITED SRO (e.g., Fuel Handler)

d. DOCKET NUMBER

RO

SRO

6. LICENSE NUMBER

7. EXPIRATION DATE

8. FACILITY DOCKET NUMBER

55- 21751

MONTH DAY YEAR

50-

7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER

Tennessee Valley Authority
P.O. Box 2000
Soddy-Daisy, TN 37379

10. CURRENT POSITION AT FACILITY

- ☐ a. PLANT SUPERINTENDENT
☐ b. ASSISTANT PLANT SUPERINTENDENT
☐ c. SHIFT SUPERVISOR
☐ d. STAFF ENGINEER
☐ e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER
☐ f. INSTRUCTOR
☐ g. SENIOR CONTROL ROOM OPERATOR
☐ h. CONTROL ROOM OPERATOR

☒ i. AUXILIARY UNIT OPER-
ATOR/TRAINEE/TURBINE
BUILDING/EQUIPMENT
OPERATOR (NON LICENS-
ED OPERATOR)
☐ j. OTHER (Specify)

8. NAME OF APPLICANT'S FACILITY

FACILITY DOCKET NUMBER

Sequoyah Nuclear Plant

50-327

9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)

50-328

11. EDUCATION

a. HIGH SCHOOL

c. MAJOR AREA(S) OF STUDY

NUMBER OF YEARS

HIGHEST DEGREE

DEGREE CODES

4. VOCATIONAL/TECHNICAL

NUMBER OF MONTHS

CERTIFICATE RECEIVED

- ☒ GRADUATE
☐ GEO EQUIVALENCY
☐ NO

ENGINEERING (FIELD)
Mechanical Engr Tech
OTHER

2

2

- (To be used for
"HIGHEST DEGREE" obtained)
0. NONE
1. CERTIFICATE
2. ASSOCIATE
3. BACHELOR
4. MASTER
5. DOCTORAL

TYPE OF TRAINING
TVA Nuclear Operator 18
Training Program

18

X

b. NUMBER OF YEARS OF COLLEGE

2

12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)

13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)

1 - NUCLEAR POWER PLANT FUNDAMENTALS

2 - PLANT SYSTEMS
CLASSROOM
OBSERVATION

3 - OPERATING PRACTICE
CONTROL ROOM OPERATIONS ON SHIFT

SIMULATOR OPERATING (Include Classroom)

SIMULATOR NAMES

a. Sequoyah Unit 1

b. CERTIFIED STARTUP PROGRAM COMPLETED

YES

NO

NUMBER OF REACTIVITY MANIPULATIONS

PLANT

SIMULATOR

16

4 - SRO INSTRUCTION

5 - EXTRA PERSON ON SHIFT IN CONTROL ROOM

(13 WEEK MINIMUM)

6 - TIME ON SHIFT ABOVE 20% POWER

(16 WEEK MINIMUM)

6 - REQUALIFICATION

7 - OTHER (Specify)

NAVY

- 1 - RO
2 - EOW/PPWO
3 - EWS/PPWS
4 - ERS/CRW
5 - OTHER (Specify)

FOSSIL

- 6 - OPERATOR
7 - SUPERVISOR
8 - PLANT STAFF
9 - OTHER (Specify)

COMMERCIAL NUCLEAR (Including Research/Test Reactor)

- 10 - REACTOR OPERATOR (Licensed)
11 - SENIOR OPERATOR (Licensed)
12 - SHIFT SUPERVISOR (Licensed)
13 - STAFF/SHIFT ENGINEER (Licensed)
14 - AUX/EQUIP. OPERATOR (Licensed)
15 - PLANT STAFF
16 - OTHER (Specify)

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 15 MIN. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION
AND RECORDS MANAGEMENT BRANCH (MRMB 7714), U.S.
NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555,
AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024),
OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

NAME OF APPLICANT

TINSLEY, ANTHONY L.

FACILITY

SEQUOYAH HEALTH STATION

FACILITY DOCKET NUMBER

50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

DUFFY, MARY A. M.D.

STATE AND LICENSE NUMBER

MD-0272 02/07/30 WMD

EXAMINATION DATE

92/03/30

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1987 OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION—Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL—Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

J. L. Wilson

TITLE

SON Site Vice President

DATE

6/30/92

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, GA 30323

Regional Administrator, Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Regional Administrator, Region IV
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

Regional Administrator, Region V
U.S. Nuclear Regulatory Commission
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596

Director, Division of Licensee Performance
and Quality Evaluation
Attn: Operator Licensing Branch
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 396. This information is maintained in a system of records designated as NRC-16 and described at 55 Federal Register 32918 (August 20, 1990).

AUTHORITY: Sections 107 and 161(i) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2137 and 2207(i)).

PRINCIPAL PURPOSE(S): Information entered on this form is used to determine whether the physical condition and general health of the applicant are such that they will not cause operational errors endangering public health and safety. This information may be used by the NRC staff to determine if the individual meets the requirements of 10 CFR 55 to take an examination or to be issued an operator's license.

ROUTINE USES: The information may be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, and local agency to the extent relevant and necessary for an NRC decision about you.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. If the requested information is not provided, however, the application for a facility operator's or senior operator's license may be denied.

SYSTEM MANAGER(S) AND ADDRESS: Chief, Operator Licensing Branch, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555.

PERSONAL QUALIFICATION STATEMENT—LICENSEE

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS
INFORMATION COLLECTION REQUEST: 2.0 HRS. FORWARD
COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH
(MNB 7714) U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUC-
TION PROJECT (3150-0090), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503.

1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)				4. TYPE OF APPLICATION (Check applicable boxes)				<input checked="" type="checkbox"/> HOT <input type="checkbox"/> COLD			
Varner, Judy Ruth 2138 South Shoreacres Soddy-Daisy, TN 37379				<input type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input checked="" type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION				1. WAIVER REQUESTED (Justify on Reverse) 1. WRITTEN (Category) 2. OPERATING (Category) 3. ELIGIBILITY 4. MEDICAL 5. OTHER			
2. CITIZENSHIP		3. BIRTH DATE		5. TYPE OF LICENSE APPLIED FOR				6. PREVIOUS LICENSE(S) HELD			
<input checked="" type="checkbox"/> a. UNITED STATES <input type="checkbox"/> b. OTHER (Specify)		MONTH DAY YEAR 01 05 49		<input type="checkbox"/> a. OPERATOR <input checked="" type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler)		d. DOCKET NUMBER RO/SRO 55- 20579 X		e. EXPIRATION DATE MONTH DAY YEAR 01 6 14 912			
7. NAME AND ADDRESS (Include ZIP Code) OF APPLICANT'S EMPLOYER				8. NAME OF APPLICANT'S FACILITY				9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)			
Tennessee Valley Authority P.O. Box 2000 Soddy-Daisy, TN 37379				Sequoyah Nuclear Plant				50-328			
10. CURRENT POSITION AT FACILITY				11. EDUCATION				12. TRAINING (SINCE LAST APPLICATION - SEE INSTRUCTIONS)			
<input type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> h. CONTROL ROOM OPERATOR				a. HIGH SCHOOL <input checked="" type="checkbox"/> GRADUATE <input type="checkbox"/> GEO EQUIVALENCY <input type="checkbox"/> NC b. NUMBER OF YEARS OF COLLEGE				c. MAJOR AREA(S) OF STUDY ENGINEERING (FIELD) Mechanical Engr Tech OTHER			
13. EXPERIENCE (DO NOT DOUBLE COUNT - SEE INSTRUCTIONS)				14. COMMERCIAL NUCLEAR (Including Research/Test Reactor)				15. REACTOR OPERATOR (Licensed)			
NAVY 1. RO 2. ECOW/PPWO 3. EWS/PPWS 4. ERS/CRW 5. OTHER (Specify)				FOSSIL 6. OPERATOR 7. SUPERVISOR 8. PLANT STAFF 9. OTHER (Specify)				10. REACTOR OPERATOR (Licensed) 11. SENIOR OPERATOR (Licensed) 12. SHIFT SUPERVISOR (Licensed) 13. STAFF/SHIFT ENGINEER (Licensed) 14. AUX./EQUIP. OPERATOR (Nonlicensed) 15. PLANT STAFF 16. OTHER (Specify)			

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH
THIS INFORMATION COLLECTION REQUIREMENT: 30 HRS.
FORWARD COMMENTS REGARDING BURDEN RELATIVE
TO THE INFORMATION AND RECORD MANAGEMENT
BRANCH (P-330), U.S. NUCLEAR REGULATORY COMMISSION,
WASHINGTON, DC 20548, AND TO THE PAPERWORK
REDUCTION PROJECT (3150-0024) OFFICE OF MANAGEMENT
AND BUDGET, WASHINGTON, DC 20503.

CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

NAME OF APPLICANT

VARNER, Judy R.

FACILITY

Sequoyah Nuclear Plant

FACILITY DOCKET NUMBER

50-327 & 50-328

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

Frances A. Lloyd, MD

STATE AND LICENSE NUMBER

TN 012235

EXAMINATION DATE

1-16-91

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE NOT SUCH THAT IT MIGHT CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1977 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.

ON THE BASIS OF THE COMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

- ☒ 1. NO RESTRICTIONS
- ☐ 2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES
- ☐ 4. RESTRICTED LICENSE OR EXCEPTION - Provide details below and attach supporting medical evidence for NRC review.
- ☐ 5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL - Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONS: HP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

POWER REACTORS: THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

NON-POWER REACTORS: THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS, AND I HAVE NO KNOWLEDGE OF THE APPLICANT EXCEEDING THE CUTOFF LEVELS FOR ALCOHOL OR CONTROLLED SUBSTANCES AS ESTABLISHED PURSUANT TO 10 CFR 28.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND SIGNATURE (Senior Management Representative on Site)

J. L. Wilson

TITLE

SNQ Site Vice President

DATE

3-11-91

In accordance with 10 CFR 55.5, Communications, this form shall be submitted to the NRC as follows: BY MAIL, ADDRESSED TO:

Regional Administrator, Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
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