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USNRC

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Feb. 20, 1997



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VIRGINIA POWER

March 17, 1997

Chief, Rules Review and Directives Branch
Office of Administration
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

Serial No. 97-014

Gentlemen:

COMMENTS ON DRAFT REGULATORY GUIDE DG-1068
MEDICAL EVALUATION OF LICENSED PERSONNEL AT NUCLEAR
POWER PLANTS

On February 20, 1997, the NRC requested comments on Draft Regulatory Guide DG-1068 (i.e. Proposed Revision 3 to Regulatory Guide 1.134).

We have completed the requested review and comments are provided in Attachment A. In general, we endorse ANSI/ANS-3.4-1996 with several enhancements noted in Attachment A. It is recommended that the physicians be allowed the flexibility to make medical judgments with regards to acceptable cardiovascular pulse rate and the need to perform biennially stamina testing below the age of forty. It is also recommended that licensees be afforded the option of either voluntarily adopt ANSI/ANS 3.4-1996 or remain with the existing ANSI/ANS 3.4-1983.

We appreciate the opportunity to provide comments on the draft regulatory guide. Should you have any additional questions, please feel free to contact us.

Very Truly Yours,

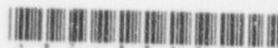
M. R. Kansler, Vice President
Nuclear Operations

Attachment

cc: Mr. D. L. Cain - NRC

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ATTACHMENT A
VIRGINIA POWER REVIEW COMMENTS
NRC DRAFT REGULATORY GUIDE DG-1068

The following comments on Draft Regulatory Guide DG-1068 (ANSI / ANS-3.4-1996, are offered for your consideration:

I. 3.3 Temporary Licensee Duty Restriction:

More clarification is needed. Does this include the time when an operator is out of work due to surgery or fracture, or disqualified due to pregnancy declarations? When does the thirty day clock begin? Is it when the physician learns of the diagnosis or when the thirty day temporary restriction is up?

II. 5.3.5 Cardiovascular.

The following criteria shall be imposed:

2. symmetrical peripheral pulses
3. a resting heart rate of 50 to 100 beats per minute.

ANSI 3.4, 1983 allowed the physician to make medical judgments based on whether the individual had asymmetrical peripheral pulses and was symptomatic or not, or was an athlete with a normal resting pulse in the 40s. ANSI 3.4, 1996 does not make allowances for the physician to determine that the above may be of no significance. We would like to see either an expanded acceptance rate (40-100) or a statement allowing the physician to make a medical judgment with documentation.

III. 5.3.5 Cardiovascular.

Stamina shall be evaluated through the use of a treadmill, bicycle ergometer, or other valid and reliable testing method for measuring aerobic capacity.

Stamina is currently evaluated by a report from the supervisor who sees the licensed operator in actual working conditions and a face to face evaluation by the physician. We agree that a consistent means of evaluating stamina has value and that a baseline stamina test should be given to licensed operators. Virginia Power recommends, for licensed operators at the age of forty or over, that a stamina test be repeated on a biennially basis and/or when

ATTACHMENT A
VIRGINIA POWER REVIEW COMMENTS
NRC DRAFT REGULATORY GUIDE DG-1068

the physician determines that the license operator has a medical condition (weight, illness, etc.) which may create a concern regarding work capabilities. In addition, we recommend, for license operators up to the age of thirty-nine, that a stamina test be repeated when the physician determines that the license operator has a medical condition (weight, illness, etc.) which may create a concern regarding work capabilities. This approach would allow the physician, who is actually seeing the licensed operator, to make medical judgments based on his expertise.