



NRC FFD Program Performance Data Reporting System

NRC Form 892, Annual Fatigue Reporting Form

10 CFR Part 26, Subpart I - Managing Fatigue

(EIE General Submission Portal)

Facility

Period of Report

Turkey Point Units 3 and 4 [50-250; 50-251]

2020

Note:

1) Use Adobe Reader 8 or later for this form to work properly.

2) Hold your mouse over a form field to view additional information.

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 04/30/2021

Estimated burden per response to comply with this collection request is 74 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 (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.

☐ 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)

Was this facility in an outage for any part of the reporting period? (Yes / No)

Did any single site outage last more than 60 days in total? (Yes / No)

Yes

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 onsite 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	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text" value="1"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="1"/>		<input type="text" value="1"/>
	Exceeded 26 work hrs in any 48 hr period	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text" value="1"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="1"/>		<input type="text" value="1"/>
	Exceeded 72 work hrs in any 7 day period	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
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)	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
	Less than 34 hr break in any 9 day period	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
Minimum Days Off Per Shift Cycle 26.205(d)(3)	Average of less than 1 day off per week for 8-hour shifts	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 2 days off per week for 10-hour shifts	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 2.5 days off per week for 12-hour shifts	<input type="text"/>			<input type="text"/>			<input type="text"/>									<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 2 days off per week for 12-hour maintenance shifts										<input type="text"/>						<input type="text"/>			<input type="text" value="0"/>
	Average of less than 3 days off per week for 12-hour security shifts													<input type="text"/>			<input type="text"/>			<input type="text" value="0"/>
Minimum Days Off for Outage Activities (during first 60 days of outage) 26.205(d)(4) and 26.205(d)(5)	Less than 3 days off per successive 15-day period 26.205(d)(4)		<input type="text"/>			<input type="text"/>			<input type="text"/>									<input type="text" value="0"/>		<input type="text" value="0"/>
	Less than 1 day off per 7-day period for maintenance personnel 26.205(d)(4)											<input type="text"/>						<input type="text"/>		<input type="text"/>
	Less than 4 days off per successive 15-day period for security personnel 26.205(d)(5)													<input type="text"/>				<input type="text"/>		<input type="text"/>
Alternate to Minimum Days Off 26.205(d)(7)	54 hour maximum average	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
Total		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text" value="2"/>		<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="2"/>		<input type="text" value="2"/>

* 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 onsite directing of maintenance as described in 26.4(a)(4)	Performing security duties as described in 26.4(a)(5)
1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 - 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
More than 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Employees Issued Waivers (Calculated)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Most Waivers Provided to a Single Individual	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

* 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):

Olga

Hanek

Licensing Engineer

olga.hanek@fpl.com

First Name

Last Name

Position Title

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: Jan 26, 2021 at 4:31:46 PM

Save to Local PC

Print this Report

Annual Fatigue Reporting Form (version 1.5.0 - April 2018)

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

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

One waiver was issued on 8/18/20 during a Unit 3 forced outage to a single individual performing corrective maintenance activities to restore N32 Source Range Nuclear Instrumentation to operable status. No corrective actions required.

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

There was a total of 5 FAs performed during 2020. All the FAs were performed post-event.
1 FA was performed on 1/10/2020 after a MM covered worker operating a forklift hit an overhang on the Diesel Security Building. The units were on-line. Individual's unescorted access was denied until test results were available. Test results were negative.
1 FA was performed on 2/9/2020 after a Security Officer covered worker hit the head on Cable Spreading Room pipes. The units were online. Individual's unescorted access was denied until test results were available. Test results were negative.
1 FA was performed on 6/18/2020 after a non-covered contract worker who was operating a crane and the crane boom came close to a power line. The units were on-line. Individual's unescorted access was denied until test results were available. Test results were negative.
1 FA was performed on 8/7/2020 after a non-covered contract worker dropped a piece of metal on a worker below from a scaffold. The units were on-line. Individual's unescorted access was denied until test results were available. Test results were nega
1 FA was performed on 11/12/2020 after a non-covered contract worker cut a pipe releasing Hydrogen. Unit 4 was in a refueling outage. Individual's unescorted access was denied until test results were available. Test results were negative.

Conclusions: (Limit 10,000 characters)

There were no events identified in 2020 related to fatigue

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

No corrective actions required.

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

NRC Form 892 (12/2012)