

Annual Fatigue Management Report	NMP-AD-016-004-F03	
	SNC Unit S	Version 1.4 Page 1 of 5

Plant Site: Plant A.W. Vogtle Reporting Period: Jan-Dec Year: 2020

Primary Goals

- Evaluate if individuals averaging more than 54 hours per week over the shift cycle should be supporting a different work schedule.
- Evaluate staffing levels, overtime assignment practices and call in practices to ensure individual work hours are managed and impairment from fatigue is prevented due to the duration, frequency, or sequencing of successive shifts.
- Evaluate any adverse trends in human performance related to fatigue management, work scheduling, or 10 CFR 26 work hour limit adherence. Run Maximo reports using event codes 15A1, 15A2, and 15A3. A word search can also be conducted by using PQ&S as a key word.
- Evaluate if staffing needs and practices are adequate in meeting work hour requirements.

Goal #1

Did any individuals average more than 54 hours per week over the shift cycle?

Yes ☐ No ☒

IF No, proceed to Primary Goal #2.

IF Yes, complete the following for each applicable individual:

- a) Attach each individual's shift cycle schedule (Schedule Report from eSOMS PQ&S® to this form.
- b) Did the individual actually work a different hour shift (i.e., a 10-hour shift versus an 8-hour shift or a 12-hour shift versus a 10- or 8-hour shift)?

Yes ☐ No ☐
- c) Initiate a Condition Report to capture the concern and determine if corrective actions are necessary to ensure the work schedule appropriately reflects minimum day off requirements. Attach a copy of relevant Condition Reports to this form.
- d) Review the Department Manager Quarterly Reviews
- e) Are further investigations or barriers necessary?

Yes ☐ No ☐

If No, proceed to Primary Goal #2.

If Yes, complete the following:

- a) Generate a Condition Report to capture recommendations and attach a copy of the Condition Report to this form.
- b) Provide a brief summary for each instance:

Goal #2

Are there any weaknesses in hiring, training, or staffing that should be addressed by human resources and/or site senior management?

Yes ☐ No ☒

IF No, proceed with form completion below.

IF Yes, complete the following:

- a) Generate a Condition Report to capture recommendations and attach a copy of the Condition Report to this form.
- b) Ensure weaknesses and recommendations are shared with other SNC sites.

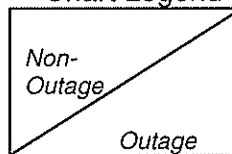
Review Methods

List the methods used to conduct these review (i.e., CAP database search, eSOMS, interviews).

Section 1 – Waivers

List the number of waivers issued for work hour (WH) limits that were exceeded during this reporting period. **Note: More than one WH limit may be exceeded for one waiver.**

Chart Legend



Group	Work Hour Limit						
	> 16 in 24 hours	> 26 in 48 hours	> 72 in 7 days/168 hours	< 10 hour break	< 34 hour break in any 9-day period/216 hours	< min day off requirement	>54 Hour Average
Operations	1 0	0 0	0 0	0 0	0 0	0 0	0 0
Maintenance	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Chemistry	0 0	0 0	0 0	0 0	0 0	0 0	0 0
RP	0 0	0 0	0 0	1 0	0 0	0 0	0 0
Security	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Contractors	0 0	0 0	0 0	0 0	0 0	0 0	0 0

Group	Work Hour Limit						
	> 16 in 24 hours	> 26 in 48 hours	> 72 in 7 days/168 hours	< 10 hour break	< 34 hour break in any 9-day period/216 hours	< min day off requirement	>54 Hour Average
Vendors	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Total	1 0	0 0	0 0	1 0	0 0	0 0	0 0

Section 2 – Number of Individual Waivers

List the number of individuals who received 1, 2, or 3, etc. waivers

# Waivers Issued to Individual	Operations	Maintenance	Chemistry	RP	Security	Contractors	Vendors
1	1	0	0	1	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0

Section 3 – Fatigue Assessments

List the number of fatigue assessments for each group and each condition.

Group	Self-Declaration	For Cause	Post-Event	Follow-Up	Waiver
Operations	0 0	0 0	0 0	0 0	1 0
Maintenance	0 0	0 0	1 0	0 0	0 0
Chemistry	0 0	0 0	0 0	0 0	0 0
RP	0 0	0 0	0 0	0 0	1 0
Security	0 0	1 0	2 0	0 0	0 0

Group	Self-Declaration	For Cause	Post-Event	Follow-Up	Waiver
Contractors	0 0	0 0	0 0	0 0	0 0
Vendors	0 0	0 0	0 0	0 0	0 0
Other	0 0	0 0	0 0	0 0	0 0
Total <i>KCS 3/11/21</i>	0 0	1 0	3 0	0 0	2 0

Section 4 – Addition Comments

If any management actions were taken as a result of any of the fatigue assessments performed, list the affected group, reason for the assessment, and the action taken; number each item.

No Action taken by Management – (Note) The one waiver that was issued in Operations was a result of COVID-19 effects on shift manning. No implementation of Alternative work hours rule Exemptions were invoked at Plant Vogtle.

The compilation of Data for this report was derived from two different Data Bases. The personnel, Qualifications and Scheduling (PQS) 3.9 version was retired from service. PQS Version 6.0.4.8 replaced it. The 3.9 version was in service from 01-01-2020 to 07-03-2020. The 6.0.4.8 version began service on 07-04-2020 and remains in service as the current Vogtle Fatigue tracking program. Thus the two different Annual FFD Program Performance Reports entered in as attachments. WSW.

Fatigue assessment completed for RP Supervisor to assume the vacant on shift ERO role of in the plant for RP Tech/911. This was necessary to meet the minimum ERO shift staffing when individual needed to leave for family emergency. Fatigue Assessment and Work Hour Waiver completed by Shift Manager due to lack of RP supervision on site at the time to perform the face-to-face assessment and a 2 hour time limit to fill the position. Document store: NMP-AD-0016-001-F01; NMP-AD-0016-001-F02; NMP-AD-016-003

Section 5 – Records

Retain a copy, scan the completed form and email to Fleet Security (SNCFMST@southernco.com) by February 15th for review and retention.

Reviewed By: Matthew May
Print Name/Fleet Security or Designee

Matthew May
Signature

3-11-21
Date

Reviewed by: Jeffrey Deal
Print Name/Site Regulatory Affairs Manager

Jeffrey Deal
Signature

3/15/21
Date

Approved by: Jesse Thomas
Print Name/Plant Manager

Jesse Thomas
Signature

3/15/21
Date

Submitted to NRC by: Kerry C. Battle
Print Name/Site FM SME

Kerry C. Battle
Signature

3-11-21
Date

Annual Fatigue Management Report	NMP-AD-016-004-F03	
	SNC	Version 1.4
	Unit S	Page 5 of 5

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Annual FFD Program Performance Report

PQS Vogtle Production

# of Waivers For	54-Hour Averaging Rule	Outage Days Off Rule	24 Hours Rule	48 Hours Rule	7 Days Rule	10 Hours Between Work Periods	34 Hours Break in 9 Calendar Days
Department							
OPS	0 / -	- / 0	1 / 0	0 / 0	0 / 0	0 / 0	0 / 0
TOTAL	0 / N/A	N/A / 0	1 / 0	0 / 0	0 / 0	0 / 0	0 / 0

Waiver Count	
Number of Waivers	OPS
1	1
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11-20	0
>20	0
Total	1
Most for single user	1

# of Fatigue Assessments	Self-Declaration	For Cause	Post Event	Follow-Up
Department				
MAINT	0 / 0	0 / 0	1 / 0	0 / 0
SEC	0 / 0	0 / 0	2 / 0	0 / 0
TOTAL	0 / 0	0 / 0	3 / 0	0 / 0

Non-Outage / Outage

Annual FFD Program Performance Report

3.9 version Jan 1 - july 3

# of Fatigue Assessments Department	Self-Declaration	For Cause	Post Event	Follow-Up
PV-Security	0 / 0	1 / 0	0 / 0	0 / 0
TOTAL	0 / 0	1 / 0	0 / 0	0 / 0

Non-Outage / Outage