

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: **Joseph M. Farley (50-348; 50-364)** Period of Report: **2021**

**Notes:**  
1) Use Add to 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. 5160-0148

EXPIRES: 09/30/2024

☐ Submission Update - check this box only if this is an update to a previous submission.

Did your facility use any waivers in the reporting period? (Yes/No)  
**No**

Estimated burden per response to comply with this collection request is 82 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.203(a). 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, Library, and Information Collections Branch (T-8 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [info@nrc.gov](mailto:info@nrc.gov) and the OMB reviewer at OMB Office of Information and Regulatory Affairs, (2150-D-148), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: [pia\\_submission@omb.eop.gov](mailto:pia_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Summary of Waiver Issuance - 26.203(a)(1)(i)-(iv)

Work Hour Controls		Number of Waivers Issued												Operating Total	Outage Total (days 1-60)	Outage Total (after day 60)	Combined Total			
		Operating or on-site directing of the operations of systems as described in 26.4(a)(3)			Performing health physics or chemistry duties as described in 26.4(a)(7)			Performing duties of a fire brigade member as described in 26.4(a)(3)*			Performing maintenance or on-site direction of maintenance as described in 26.4(a)(4)							Performing security duties as described in 26.4(a)(5)		
		Operating	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)
Daily Work Hours 26.205(a)(1)	Exceeded 16 work hrs in any 24 hr period																			
	Exceeded 28 work hrs in any 48 hr period																			
	Exceeded 72 work hrs in any 7 day period																			
Rest Breaks 26.205(a)(2)	Less than 10 hr break b4 successive work periods for 8 hr break accommodating scheduled transition b4 shfts																			
	Less than 34 hr break in any 9 day period																			
Minimum Days Off Per Shift Cycle 26.205(a)(3)	Average of less than 1 day off per week for 8-hour shifts																			
	Average of less than 2 days off per week for 10-hour shifts																			
	Average of less than 2.5 days off per week for 12-hour shifts																			
	Average of less than 2 days off per week for 12-hour maintenance shifts																			
Minimum Days Off for Outage Activities (during first 60 days of outage) 26.205(a)(4) and 26.205(a)(5)	Average of less than 3 days off per week for 12-hour security shifts																			
	Less than 3 days off per successive 15-day period 26.205(a)(4)																			
	Less than 1 day off per 7-day period for maintenance personnel 26.205(a)(5)																			
Alternate to Minimum Days Off 26.205(a)(7)	Less than 4 days off per successive 15-day period for security personnel 26.205(a)(5)																			
	54 hour maximum average																			
Total																				

\* NOTE: For individuals performing fire brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Distribution of Waivers for Individuals in Each Category - 26.203(a)(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)(3)	Performing health physics or chemistry duties as described in 26.4(a)(7)	Performing duties of a fire brigade member as described in 26.4(a)(3)*	Performing maintenance or on-site directing of maintenance as described in 26.4(a)(4)	Performing security duties as described in 26.4(a)(5)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 - 20					
More than 20					
Total Employees Issued Waivers (Combined)					
Most Waivers Provided to a Single Individual					

\* NOTE: For individuals performing fire brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Person(s) Responsible for Information Provided

Person 1 (required):  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Position Title: \_\_\_\_\_ Company Email Address: \_\_\_\_\_  
Person 2 (optional):  
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.

Annual Fatigue Reporting Form (version 1.0 - October 2021)

NRC Form

# Site Report: (PQS Farley Production)

1/1/2021 - 12/31/2021

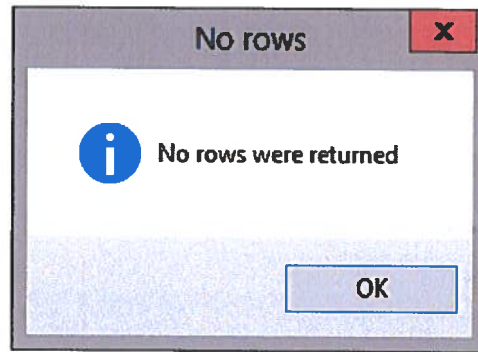
Historical Performance - Online Name	# of Waivers	Waivers	# of Fatigue Assessments - Self-Declaration	Fatigue Assessments - Self-Declaration	# of Fatigue Assessments - For Cause	Fatigue Assessments - For Cause	# of Fatigue Assessments - Post Event	Fatigue Assessments - Post Event	# of Fatigue Assessments - Follow-Up	Fatigue Assessments - Follow-Up
	0		0		0		1	CR10768073	0	
	0		0		0		1	CR10848301	0	

Historical Performance - Outage Name	# of Waivers	Waivers	# of Fatigue Assessments - Self-Declaration	Fatigue Assessments - Self-Declaration	# of Fatigue Assessments - For Cause	Fatigue Assessments - For Cause	# of Fatigue Assessments - Post Event	Fatigue Assessments - Post Event	# of Fatigue Assessments - Follow-Up	Fatigue Assessments - Follow-Up
	0		0		0		0		0	
	0		0		0		0		0	

Historical Performance Name	# of Rule Violations Without Waivers	Rule Violations Without Waivers	# of Exceptions - Force-on-Force	Exceptions - Force-on-Force	# of Exceptions - Plant Emergencies	Exceptions - Plant Emergencies	# of Exceptions - Common Defense and Security	Exceptions - Common Defense and Security	# of Performance	Performance
	0		0		0		0		0	
	0		0		0		0		0	

**Violation Report - Facility: PQS Farley Production**


**2/1/2022 08:56:42**




Retrieve

Print

Save As

1/ 1/2021 

12/31/2021 



## Annual FFD Program Performance Report

### PQS Farley Production

	Online	Outage	Total
Waivers	0	0	0
Fatigue Assessments	2	0	2
Rule Violations Without Waivers	0	0	0
TOTAL	2	0	2

## Annual FFD Program Performance Report

### PQS Farley Production

# of Fatigue Assessments Department	Self-Declaration	For Cause	Post Event	Follow-Up
	0 / 0	0 / 0	2 / 0	0 / 0
<b>TOTAL</b>	<b>0 / 0</b>	<b>0 / 0</b>	<b>2 / 0</b>	<b>0 / 0</b>

Non-Outage / Outage

## Self-Declaration and Fatigue Assessment

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Worker's Name: (Print)

Plant:

Company/Department:

Date:

This assessment is intended to determine whether a degradation in an individual's cognitive and motor functioning have occurred due to the lack of rest and where fatigue is identified, establish appropriate controls and conditions ensuring the individual can safely and competently perform assigned duties. Individual **SHALL** provide complete and accurate information necessary to address acute and cumulative fatigue. Prior to completing section 3, the Fatigue Assessor **SHALL** ensure S-GE-Fatigue Assessor qualification is current in the Learning Management System (LMS).

## Section 1 Work History of Last 14 Days

To be completed by individual being assessed

		Days	1	2	3	4	5	6	7	8	9	10	11	12	13	Today
		Date	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Shift schedule	D-Days, N-Nights (12-hr or 10-hour shifts) E-Evenings, M-Midnights (for 8-hour shifts)				D	D	D		D	D				1/18	D	D
Hours worked	DO NOT include shift turnover at beginning of shift.				12	12	12		12	12					12	12
34-hour break	Check the boxes of those days with a break of at least 34 hours before shift													✓		

- Specify the type of work being performed ( Check one)

☐ Outage Work☒ Non-outage Work

- Have you had a break of at least 10 hours between successive work periods every workday for the past 14 days (or at least 8 hours if your crew or team had a scheduled transition between work schedules or shifts)?

☒ Yes☐ No

IF you answered No, describe exceptions:

- IF you are a covered worker, have all the required duties you've performed off-site been <30 minutes cumulative.

☐ Yes☐ No☒ N/A, No required duties have been performed off-site

- How many hours of sleep have you had in the last 24 hours?

8 hrs

- How many hours of sleep have you averaged each day in the last 9 days?

8 hrs

- Describe the work activity you are performing:

Security duties

- Do you feel you can continue to perform this work activity without oversight?

☒ Yes☐ No

IF you answered No, describe oversight necessary for you to perform this work:

- Are you mentally alert?

☒ Yes☐ No

Comments:

Completed &amp; Signed by Worker:

Date: 1/20/21 Time: 1559

## Self-Declaration and Fatigue Assessment

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Section 2 Reason for Fatigue Assessment		To be completed by Responsible Supervisor		
Worker's Name: _____		Plant: <u>Farley</u>	Company/Department: <u>Southern Nuclear / Farley</u>	
<input type="checkbox"/> For-Cause*	<input type="checkbox"/> Self-Declaration	<input checked="" type="checkbox"/> Post-Event*	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Waiver*
Include description of observed behavior and name of individual who observed condition in comments below.	Checking this box indicates a formal self-declaration of fatigue.  Preferred action – require a 10-hr break before resuming work.  Enter actions taken in comments below.	Include description and condition report number of event and individual's involvement in comments below.	<b>REQUIRED</b> when a Fatigue Assessment was conducted "for-cause" or for "self-declaration" and individual required to return to work with a break <10 hours.  Describe in comments below.	Assessment <b>CANNOT</b> be conducted more than 4 hours before the individual begins performing covered work under the Waiver.  <b>IF checked, you MUST complete NMP-AD-016-001-F02.</b>
*Individual who observed the condition of impaired alertness <b>SHALL NOT</b> conduct the fatigue assessment.		*Supervisor <b>SHALL NOT</b> perform a fatigue assessment if he/she:  (1) performed or directed the work activity during which the event occurred, or (2) performed a fatigue assessment of the worker within 24 hours before the event occurred, or (3) approved a waiver for workers who have an event while working under waiver.		*Individual who evaluated or approved a waiver for covered worker and an event occurs while working under the waiver, <b>SHALL NOT</b> perform the post-event fatigue assessment.
<b>CAUTION: Fatigue Assessments and Waivers are infrequently performed tasks and may require assistance of the site subject matter experts (SME) to ensure compliance. (Corporate TE 601125)</b>				
Comments: (Attach additional comments if needed) <u>While Conducting Motor Patrol duties on River Water Road, Officer made contact with a stationary object on the front right bumper of motor patrol vehicle.</u>  <u>CR 10768073</u>				
Supervisor (Print name) _____		Signature: _____	Date: <u>1/20/21</u>	Time: <u>1400</u>

## Self-Declaration and Fatigue Assessment

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**Section 3 Supervisor Face-to-Face Fatigue Assessment**

To be completed by supervisors or FFD program personnel who are trained as Fatigue Assessors per 10 CFR 26.29 and 10 CFR 26.203

**Note:** Ensure a review of the worker's work history as documented by station records, as well as the work history provided by the individual. Review Sections 1 and 2 and perform a Face-to-Face Assessment.

Worker's Name (Print):

**Fatigue Assessment Finding: Check applicable assessment outcome:**

- ☒ Verified in LMS that I am qualified on S-GE-Fatigue Assessor prior to performing fatigue assessment.
- ☒ Worker does NOT exhibit impairment due to fatigue at this time and may continue to work without restrictions  
(NOTE: Worker CANNOT be returned to covered work IF removed due to self-declaration of fatigue while performing work under a Waiver)
- ☐ Worker is exhibiting signs of fatigue, but may continue working with the following restrictions:  
\_\_\_\_\_
- ☐ Worker is exhibiting impairment and MUST be provided a break of at least 10 hours (Section 4 REQUIRED)
- ☐ Worker is exhibiting impairment and MUST be removed from duty pending further FFD evaluation (Notify Medical & FFD Services)

Comments:

Fatigue Assessor

Print Name

Signature

Date

Time

Results of Fatigue Assessment have been provided to the individual:

☒ Yes ☐ No**Condition Report (REQUIRED to Track FA)**CR # 10768073

Completed by:

1. Ensure PQ&S Fatigue Tracking Record (FTR) generated for covered worker tracked in PQ&S.
2. Scan the CR, Fatigue Assessment, & Waiver (if applicable) AND attach "PDF" to the FTR record (see instructions in PQ&S job aids). (Corporate TE 601110)
3. Email "PDF" to Fleet Security (SNCFMST@southernco.com) for review & record retention

FTR # 1 ☐ N/ACompleted by: SA

Forward a copy of the completed form to the Responsible Supervisor listed in Section 2

Completed by:

## Self-Declaration and Fatigue Assessment

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## Section 4 Release of Liability

To be completed by the Employee and witnessed  
by the Supervisor IF Applicable**The assessed individual is unable to perform work safely due to self-declared or identified fatigue.**Please read **AND** select appropriate box **AND** sign below:

- ☐ Plant Supervisor has offered a place to rest before driving home, but I have declined.
- ☐ My supervisor has offered to provide a ride home from the plant, but I have declined.
- ☐ I have been requested by plant supervision to arrange for someone to drive me home, but I have declined.
- ☐ IF I insist on driving myself home, I understand that Security WILL contact local law enforcement and inform them that I have been found to be too fatigued to perform my work duties, have been offered a place to rest and/or a ride home, but declined.
- ☒ N/A (IF Section 4 is NOT applicable – Supervisor SHALL initial here ONLY) *CD*

Worker's name (Print)

Worker's Signature: *[Signature]*

Date:

01/20/21

Time:

1559

Supervisor's Name (Print)

Supervisor's Signature: *[Signature]*

Date:

1/20/21

Time:

1557

Comments:

## Condition Report

10768073 - Security vehicle accident

Site: FARLEY

On January 20, 2021 at approximately 0900 a Security Officer came in contact with a stationary object (I-Beam) while operating a company vehicle. The incident occurred on River Water Road while Officer was performing their duties. The damage is located on the right front bumper of the vehicle and is minimal. The employee did not report incident to Supervision immediately. Shift manager, Security Manager and ED were notified.

### General Information

Status: OPEN

Entry Date: 01/20/2021 03:39:23 PM

Responsible Individual:

Mode Restraint:

Event Date: 01/20/2021 03:39:00 PM

Responsible Manager: SECMGR

Operations Review N  
Required:

Reported By: MDPENDER

Location:

CR Type: HUMPERF

Tech Spec Equip Related: N

Name: Jones,Mincatta P

Design tag Number:

Priority: 4

Technical Review Required: N

Phone: 334-701-8006

Asset:

Internal Priority: 3

Email: MDPENDER@SOUTHERNCO.COM

Unit:

System:

Sub System:

Equipment Status:

Deficiency Tag Number:

### Immediate Action Taken

CR submitted.  
&SAFCUL& PI.1  
HUCCLK

### Related Assets

ASSETNUM		LOCATION		DESCRIPTION					PRIORITY		TYPE	
Related Tickets												
Ticket	Description	Reported Priority	Resp Individual	EXP Completion	Class	Application	Location	Loc Desc	Site	Status	Relationship	
10768248	CAPCO-identified trend: Security incidents				CR	SR			FARLEY	OPEN	RELATED	
Related WorkOrders												
WorkOrder	Description	Location	Description	Site	Work Type	Status	Relationship					
Special Indication Details for Location												
SI Type	Description	Special Indicator Value	Tech Review Required	Instructions								

**Condition Report**

10768073 - Security vehicle accident

Site: FARLEY

Event Code			
Event	Description	Remark	Remarks Date
12B2	Crew Clock Reset		
27A1	Potential Integrity/Integrity		
INPOSCI	Nuclear Safety Culture	PI.I	2021-01-21 09:47:56.0

Log

Record	Summary	Date	Class	Created By	Type	Summary
10768073	Security Lieutenant On January 20, 2021 at approximately 0900 a Security Officer came in contact with a stationary object (I-Beam) while operating a company vehicle. The incident occurred on River Water Road while Officer was performing their duties. The damage is located on the right front bumper of the vehicle and is minimal. The employee did not report incident to Supervision immediately. Shift manager, Security Manager and ED were notified.	01/20/2021	CR	MDPENDER	WORK	Security Lieutenant

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Worker's Name: (Print)		Plant: <u>Furley</u>		Company/Department: <u>Security</u>		Date: <u>12/31/21</u>											
<p>This assessment is intended to determine whether a degradation in an individual's cognitive and motor functioning have occurred due to the lack of rest and where fatigue is identified, establish appropriate controls and conditions ensuring the individual can safely and competently perform assigned duties. Individual <b>SHALL</b> provide complete and accurate information necessary to address acute and cumulative fatigue. Prior to completing section 3, the Fatigue Assessor <b>SHALL</b> ensure S-GE-Fatigue Assessor qualification is current in the Learning Management System (LMS).</p>																	
Section 1 Work History of Last 14 Days				To be completed by individual being assessed													
		Days	1	2	3	4	5	6	7	8	9	10	11	12	13	Today	
		Date	<u>12/30/21</u>	<u>12/29/21</u>	<u>12/28/21</u>	<u>12/27/21</u>	<u>12/26/21</u>	<u>12/25/21</u>	<u>12/24/21</u>	<u>12/23/21</u>	<u>12/22/21</u>	<u>12/21/21</u>	<u>12/20/21</u>	<u>12/19/21</u>	<u>12/18/21</u>	<u>12/17/21</u>	<u>12/16/21</u>
Shift schedule	D-Days, N-Nights (12-hr or 10-hour shifts) E-Evenings, M-Midnights (for 8-hour shifts)				N	N	N			N		0			N	N	
Hours worked	<b>DO NOT</b> include shift turnover at beginning of shift.				12	12	12			12		6			12	12	
34-hour break	Check the boxes of those days with a break of at least 34 hours before shift																
<ul style="list-style-type: none"> <li>Specify the type of work being performed ( Check one )           <div> <input type="checkbox"/> Outage Work           <input checked="" type="checkbox"/> Non-outage Work         </div> </li> </ul>																	
<ul style="list-style-type: none"> <li>Have you had a break of at least 10 hours between successive work periods every workday for the past 14 days (or at least 8 hours if your crew or team had a scheduled transition between work schedules or shifts)?           <div> <input checked="" type="checkbox"/> Yes           <input type="checkbox"/> No           <input type="checkbox"/> If you answered No, describe exceptions:         </div> </li> </ul>																	
<ul style="list-style-type: none"> <li>If you are a covered worker, have all the required duties you've performed off-site been &lt;30 minutes cumulative.           <div> <input type="checkbox"/> Yes           <input type="checkbox"/> No           <input checked="" type="checkbox"/> N/A, No required duties have been performed off-site         </div> </li> </ul>																	
<ul style="list-style-type: none"> <li>How many hours of sleep have you had in the last 24 hours? <u>6 hrs</u></li> </ul>																	
<ul style="list-style-type: none"> <li>How many hours of sleep have you averaged each day in the last 9 days? <u>5 hrs</u></li> </ul>																	
<ul style="list-style-type: none"> <li>Describe the work activity you are performing: <u>Security Duties</u></li> </ul>																	
<ul style="list-style-type: none"> <li>Do you feel you can continue to perform this work activity without oversight? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           <div> <input type="checkbox"/> If you answered No, describe oversight necessary for you to perform this work:         </div> </li> </ul>																	
<ul style="list-style-type: none"> <li>Are you mentally alert? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           <div>             Comments:           </div> </li> </ul>																	
Completed & Signed by Worker: _____ Date: <u>12/31/21</u> Time: <u>2037</u>																	

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Section 2 Reason for Fatigue Assessment		To be completed by Responsible Supervisor		
Worker's Name:		Plant: <i>Farley</i>	Company/Department: <i>Security</i>	
<input type="checkbox"/> For-Cause*  Include description of observed behavior and name of individual who observed condition in comments below.	<input type="checkbox"/> Self-Declaration  Checking this box indicates a formal self-declaration of fatigue.  Preferred action – require a 10-hr break before resuming work.  Enter actions taken in comments below.	<input checked="" type="checkbox"/> Post-Event*  Include description and condition report number of event and individual's involvement in comments below.	<input type="checkbox"/> Follow-Up  <b>REQUIRED</b> when a Fatigue Assessment was conducted "for-cause" or for "self-declaration" and individual required to return to work with a break <10 hours.  Describe in comments below.	<input type="checkbox"/> Waiver*  Assessment <b>CANNOT</b> be conducted more than 4 hours before the individual begins performing covered work under the Waiver.  <b>IF checked, you MUST complete NMP-AD-016-001-F02.</b>
*Individual who observed the condition of impaired alertness <b>SHALL NOT</b> conduct the fatigue assessment.		*Supervisor <b>SHALL NOT</b> perform a fatigue assessment if he/she:  (1) performed or directed the work activity during which the event occurred, or (2) performed a fatigue assessment of the worker within 24 hours before the event occurred, or (3) approved a waiver for workers who have an event while working under waiver.		*Individual who evaluated or approved a waiver for covered worker and an event occurs while working under the waiver, <b>SHALL NOT</b> perform the post-event fatigue assessment.
<b>CAUTION: Fatigue Assessments and Waivers are infrequently performed tasks and may require assistance of the site subject matter experts (SME) to ensure compliance. (Corporate TE 601125)</b>				
Comments: (Attach additional comments if needed)  <i>While conducting Motor Patrol duties near the area of the new nitrogen storage pad the officer made contact with a concrete barrier. Damage was done to the passenger side front bumper of the motor patrol vehicle.</i>  <i>CR 10848361</i>				
Supervisor (Print name)		Signature:	Date: <i>12/31/21</i>	Time: <i>2037</i>

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Section 3	Supervisor Face-to-Face Fatigue Assessment	To be completed by supervisors or FFD program personnel who are trained as Fatigue Assessors per 10 CFR 26.29 and 10 CFR 26.203
<b>Note: Ensure a review of the worker's work history as documented by station records, as well as the work history provided by the individual. Review Sections 1 and 2 and perform a Face-to-Face Assessment.</b>		
<b>Worker's Name (Print):</b> _____		
<b>Fatigue Assessment Finding: <u>Check applicable assessment outcome:</u></b>		
<input checked="" type="checkbox"/> Verified in LMS that I am qualified on S-GE-Fatigue Assessor prior to performing fatigue assessment.		
<input checked="" type="checkbox"/> Worker does <b>NOT</b> exhibit impairment due to fatigue at this time and may continue to work without restrictions (NOTE: Worker <b>CANNOT</b> be returned to covered work <b>IF</b> removed due to self-declaration of fatigue while performing work under a Waiver)		
<input type="checkbox"/> Worker is exhibiting signs of fatigue, but may continue working with the following restrictions: _____		
<input type="checkbox"/> Worker is exhibiting impairment and <b>MUST</b> be provided a break of at least 10 hours (Section 4 <b>REQUIRED</b> )		
<input type="checkbox"/> Worker is exhibiting impairment and <b>MUST</b> be removed from duty pending further FFD evaluation (Notify Medical & FFD Services)		
<b>Comments:</b> _____		
<b>Fatigue Assessor</b> _____ Print Name		_____ Signature
_____ Date		_____ Time
Results of Fatigue Assessment have been provided to the individual: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Condition Report (REQUIRED to Track FA)</b> CR # <u>10848301</u>
Completed by: _____		FTR # <u>2</u> <input type="checkbox"/> N/A
1. Ensure PQ&S Fatigue Tracking Record (FTR) generated for covered worker tracked in PQ&S. 2. Scan the CR, Fatigue Assessment, & Waiver (if applicable) <b>AND</b> attach "PDF" to the FTR record (see instructions in PQ&S job aids). (Corporate TE 601110) 3. Email "PDF" to Fleet Security (SNCFMST@southemco.com) for review & record retention		Completed by: <u>SH</u>
Forward a copy of the completed form to the Responsible Supervisor listed in Section 2		
Completed by: <u>SH</u>		

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Section 4	Release of Liability	To be completed by the Employee and witnessed by the Supervisor <u>IF</u> Applicable	
<p><b>The assessed individual is unable to perform work safely due to self-declared or identified fatigue.</b></p> <p>Please read <u>AND</u> select appropriate box <u>AND</u> sign below:</p> <p><input type="checkbox"/> Plant Supervisor has offered a place to rest before driving home, but I have declined.</p> <p><input type="checkbox"/> My supervisor has offered to provide a ride home from the plant, but I have declined.</p> <p><input type="checkbox"/> I have been requested by plant supervision to arrange for someone to drive me home, but I have declined.</p> <p><input type="checkbox"/> <u>IF</u> I insist on driving myself home, I understand that Security <u>WILL</u> contact local law enforcement and inform them that I have been found to be too fatigued to perform my work duties, have been offered a place to rest and/or a ride home, but declined.</p> <p><input checked="" type="checkbox"/> N/A (<u>IF</u> Section 4 is <u>NOT</u> applicable -- Supervisor <u>SHALL</u> initial here <u>ONLY</u> <u>RE</u> )</p>			
Worker's name (Print)	Worker's Signature:	Date: 12-31-21	Time: 2037
Supervisor's Name (Print)	Supervisor's Signature	Date: 12/31/21	Time: 2037

Comments:

## Condition Report

10848301 - SNC employee operating a company vehicle struck a concrete barrier

Site: FARLEY

Reported by:

x2992, drenfing@southernco.com, 12/31/21 2231, via NMP-GM-002-F01 during Maximo outage, as follows: SNC employee operating a company vehicle struck a concrete barrier causing minor damage to the vehicle. Location: north side of plant near nitrogen storage area.

### General Information

Status: CLOSED

Entry Date: 01/03/2022 05:26:10 PM

Responsible Individual:

Mode Restraint:

Event Date: 12/31/2021 06:50:00 PM

Responsible Manager: SECMGR

Operations Review Required: N

Reported By: MMLUDLAM

Location:

CR Type: HUMPERF

Tech Spec Equip Related: N

Name: Ludlam,Mandy

Design tag Number:

Priority: 4

Technical Review Required: N

McLain

Asset:

Internal Priority: 3

Phone: 334-661-2886

Unit:

EMail: MMLUDLAM@SOUTHERNCO.CO

System:

Sub System:

Equipment Status:

Deficiency Tag Number:

### Immediate Action Taken

FFD, Fact Finding, CR generated, Fatigue Assessment, Shift Manager notified, Security Manager notified, Duty Manager notified.

Screening questions answered no due to OPS review already completed on NMP-GM-002-F01 (see log entry). mml 01/03/22

### Related Assets

ASSETNUM	LOCATION	DESCRIPTION	PRIORITY	TYPE
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### Related Tickets

Ticket	Description	Reported Priority	Resp Individual	EXP Completion	Class	Application	Location	Loc Desc	Site	Status	Relationship
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### Related WorkOrders

WorkOrder	Description	Location	Description	Site	Work Type	Status	Relationship
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### Special Indication Details for Location

SI Type	Description	Special Indicator Value	Tech Review Required	Instructions
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**Condition Report**

10848301 - SNC employee operating a company vehicle struck a concrete barrier

Site: FARLEY

Event Code			
Event	Description	Remark	Remarks Date
12B3	Crew Learning		

## Condition Report

10848301 - SNC employee operating a company vehicle struck a concrete barrier

Site: FARLEY

Log

Record	Summary	Date	Class	Created By	Type	Summary
10848301	Communicated a Crew Learning	01/05/2022	CR	SURHARRI	WORK	Communicated a Crew Learning
10848301	Operations review - not in scope of NMP-AD-012	01/03/2022	CR	MMLUDLAM	OPERATIONS	Operations review - not in scope of NMP-AD-012
Operations review by Daniel Johnson, 12/31/21 2355, via NMP-GM-002-F01 during Maximo outage, as follows:						
SS Review- Not in scope of NMP-AD-012						
Does the condition affect a Tech Spec SSC installed in an operating unit - No						
Does the condition have a functional impact on the SSC- N/A						
Is the functional impact of the deficient condition substantive (i.e., non-trivial)- N/A						
Is the SSC described in other CLB Document (TRM, ODCM, FSAR, FLEX, NMP-EP-305, NFPA-805, etc)- No						
Condition will be resolved via normal plant processes and procedures.						
Comp Actions - None						
Extent of Condition - None required						
FLEX, EP or Phoenix Impact- No						
Condition is not immediately reportable						
No past operability review TE or evaluation required						
Summary: Security Lieutenant review						
Details:						
SNC employee operating a company vehicle struck a concrete barrier causing minor damage to the vehicle.						
Compensatory measures established per Security Procedures: not required						
Compensatory measures taken within the time allowed by Security Procedures: not required						
B.5.b / Flex strategies are not affected (access to plant, Flex bldg., Protected Area, and haul routes to Aux bldg.)						
Reported per NMP-AD-031 SEC 1.2 (16):						
<None>						
<Shift Manager - complete						
<Security Manager - complete						
<Security Event Log - not applicable <NRC (1 hr report) - not applicable						
IF the door is a fire door, Operations has been notified. N/A						
10848301	Dispatcher review	01/03/2022	CR	MMLUDLAM	DISPATCH	Dispatcher review
Dispatcher review by Daniel Johnson, 12/31/21 2340, via NMP-GM-002-F01 during Maximo outage, as follows:						
Operations Review Required: Yes						
Tech Spec Equipment Related: No						
Technical Review Required: No						
Dispatcher Comments: OPS review required.						