



414 Nicollet Mall – MP4
Minneapolis, MN 55401

February 28, 2011

L-XE-11-003
10 CFR 26.717(e)

U.S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D.C. 20555-0001

Monticello Nuclear Generating Plant
Docket 50-263
Renewed Facility Operating License No. DPR-22

Prairie Island Nuclear Generating Plant, Units 1 and 2
Dockets 50-282 and 50-306
License Nos. DPR-42 and DPR-60

Fitness For Duty Performance Data

In accordance with 10 CFR 26.717(e), Northern States Power Company, a Minnesota corporation doing business as Xcel Energy (NSPM), hereby submits the Fitness For Duty (FFD) Program Performance Data for Corporate, Monticello Nuclear Generating Plant, and Prairie Island Nuclear Generating Plant (Enclosure 1) as well as data on Work Hour Rule Waivers (Enclosure 2). The report covers the 12-month period ending December 31, 2010.

Summary of Commitments

This letter makes no new commitments or changes to existing commitments.

Gabor Salamon
Director, Nuclear Licensing and Emergency Preparedness
Northern States Power Company-Minnesota

Enclosures (2)

cc: Administrator, Region III, USNRC
Project Manager, Prairie Island, USNRC
Resident Inspector, Prairie Island, USNRC
Project Manager, Monticello, USNRC
Resident Inspector, Monticello, USNRC
State of Minnesota

ENCLOSURE 1

2010 Fitness for Duty Performance Data

6 pages follow

Fitness for Duty Program Performance Data

Northern States Power Co - MN

 Company

Corporate

 Location

Randall Cleveland

 Contact Name

December 31, 2010

 Annual period Ending

612-330-6257

 Phone Number

Cutoffs: Screen/Confirmation (ng/ml) and Alcohol (% BAC)

 X For types defined in 10 CFR 26.31(d)(4) and at the cutoff levels identified in 26.163 (including the special analysis of dilute specimens permitted under 26.163(a)(2)) and 26.103

Testing Results	Licensee Employees		Long -Term Contractor personnel		Short -Term Contractor Personnel	
	# Tested	# Positive	# Tested	# Positive	# Tested	# Positive
Average number with Unescorted Access	278		N/A		83	
Pre-badging	0	0			6	0
For Cause	0	0			1	0
Post Accident	0	0			0	0
Random	152	1			48	1
Follow-up	15	0			3	0
Total	167	1			58	1

Fitness for Duty Program Performance Data (continued)

Northern States Power – MN
Company

December 31, 2010
Annual period Ending

Monticello Nuclear Generating Plant
Location

Randall Cleveland
Contact Name

612-330-6257
Phone Number

Cutoffs: Screen/Confirmation (ng/ml) and Alcohol (% BAC)

 X For types defined in 10 CFR 26.31(d)(4) and at the cutoff levels identified in 26.163 (including the special analysis of dilute specimens permitted under 26.163(a)(2)) and 26.103

Testing Results	Licensee Employees		Long -Term Contractor personnel		Short -Term Contractor Personnel	
Average number with Unescorted Access	504		N/A		460	
Categories	# Tested	# Positive	# Tested	# Positive	# Tested	# Positive
Pre-badging	41	0			616	5
For Cause	0	0			2	0
Post Accident	0	0			0	0
Random	272	0			242	2
Follow-up	28	0			33	1
Total	341	0			893	8

Fitness for Duty Program Performance Data (continued)

Northern States Power – MN
 Company

December 31, 2010
 Annual period Ending

Prairie Island Nuclear Generating Plant
 Location

Randall Cleveland
 Contact Name

612-330-6257
 Phone Number

Cutoffs: Screen/Confirmation (ng/ml) and Alcohol (% BAC)

X For types defined in 10 CFR Parts 26.31(d)(4) and at the cutoff levels identified in 26.163 (including the special analysis of dilute specimens permitted under 26.163(a)(2)) and 26.103

Testing Results	Licensee Employees		Long -Term Contractor personnel		Short -Term Contractor Personnel	
	# Tested	# Positive	# Tested	# Positive	# Tested	# Positive
Average number with Unescorted Access	657		N/A		476	
Categories	# Tested	# Positive	# Tested	# Positive	# Tested	# Positive
Pre-badging	53	0			857	3
For Cause	5	0			1	0
Post Accident	0	0			1	0
Random	350	0			254	1
Follow-up	49	1			55	0
Total	457	1			1168	4

Breakdown of Confirmed Positive Tests

Corporate	Marijuana	Cocaine	Opiates	Amphet- amines	Phency- clidine	Alcohol	Refusal to Test
Licensee Employees	0	0	0	1	0	0	0
Short -Term Contractors	1	0	0	0	0	0	0
Total	1	0	0	1	0	0	0
Monticello							
Licensee Employees	0	0	0	0	0	0	0
Short-Term Contractors	5	0	0	0	0	3	0
Total	5	0	0	0	0	3	0
Prairie Island							
Licensee Employees	0	0	0	0	0	1	0
Short-Term Contractors	2	0	0	1	0	1	1
Total	2	0	0	1	0	2	1

NSPM conducted 37 tests of dilutes using the special analysis of dilute specimens permitted under 10 CFR 26.163(a)(2). One of these tests, profiled below under management actions, resulted in a positive. One (1) individual tested invalid on a Prairie Island pre-access test.

Fitness For Duty Summary

Management Actions

- During the annual period ending December 31, 2010, Monticello Nuclear Generating Plant and Prairie Island Nuclear Generating Plant conducted 3,084 drug and alcohol tests in accordance with 10 CFR Part 26. Monticello Nuclear Generating Plant and Prairie Island Nuclear Generating Plant workers subject to random drug and alcohol testing are assigned to one of three pools: Prairie Island, Monticello, and Corporate Office. Random test rates for each pool for the annual period ending December 31, 2010 are as follows:

POOLS	Annual Period Ending 12/31/10
Corporate	55%
Monticello	53%
Prairie Island	53%
ALL	54%

Fitness For Duty Summary (continued)

For the 12-month reporting period ending December 31, 2010, fifteen (15) workers were denied nuclear access after testing positive for drugs or alcohol and one (1) worker was denied access for refusal to drug and alcohol test. By test type: eight (8) pre-access tests were positive, two (2) follow-up tests were positive, five (5) random tests were positive and one (1) was a refusal to test.

Pre-Access Positives

Two (2) contractor employees tested positive for alcohol.
One (1) contractor employee tested positive for amphetamines.
Five (5) contractor employees tested positive for marijuana. One of the positives was the result of the special analysis of dilute specimens permitted under 10 CFR 26.153(a)(2).

The individuals listed above were denied access to NSPM nuclear facilities.

Follow-up Positives

One (1) contractor employee tested positive for alcohol.

One (1) licensee employee tested positive for alcohol.

Both individuals listed above were denied access to NSPM nuclear facilities.

The licensee employee was subsequently reinstated following a determination of fitness for duty, including the establishment of appropriate follow-up requirements.

Random Positives

Three (3) contractor employees tested positive for marijuana.

One (1) contractor employee tested positive for alcohol.

One (1) licensee employee tested positive for amphetamines.

The individuals listed above were denied access to NSPM nuclear facilities.

2. For the annual period referenced herein all blind specimens submitted to Monticello Nuclear Generating Plant and Prairie Island Nuclear Generating Plant's HHS-certified laboratory yielded expected results.

Waivers

For the reporting period ending December 31, 2010, Monticello and Prairie each had Four (4) waivers of the work hour controls specified in 10 CFR 26.205(d)(1) through (d)(5)(i) for individuals described in 10 CFR 26.4(a). A detailed breakdown of the waivers by NSPM site is included in Enclosure 2.

Reportable Events

There were two (2) reportable events in the 12-month period ending December 31, 2010.

One (1) supervisor tested positive on a follow-up alcohol test.

One (1) supervisor refused to complete a random drug test.

ENCLOSURE 2

2010 Work Hour Rule Waivers

2 pages follow



U.S. NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

Electronic Information Exchange

NRC FFD Program Performance Data Reporting System 10 CFR Part 26, Subpart I - Managing Fatigue Annual Fatigue Reporting Form for the EIE General Submission

Select Facility: 46 Period of Report (Read-only): 2010 Make Use Adobe Reader 8 or later for this form to work properly.

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

Was there an outage for any part of the reporting period? (Yes / No) Yes No Did any single site outage last more than 60 days in total? (Yes / No) Yes No Did any of the first 60 days of an outage occur during the reporting period? (Yes / No) Yes No Did any of the outage days after day 60 occur during the reporting period? (Yes / No) Yes No

Summary of Waiver Issuance - 26.203(e)(1)(i)-(ii)

Number of Waivers Issued [Note: Even if no waivers were issued, please enter a value (e.g., 0) in at least one of the cells in this table]

Work Hour Controls	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 on-site directing of maintenance, as described in 26.4(a)(4)			Performing security duties, as described in 26.4(a)(5)			Operating Total (Calculated)	Outage Total (Days 1-60) (Calculated)	Outage Total (after Day 60) (Calculated)	Combined Total (Calculated)																			
	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																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Exceeded 28 work hrs in any 48 hr period																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Exceeded 72 work hrs in any 7 day period																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rest Breaks 26.205(a)(2)	Less than 10 hr break between successive work periods (or 8 hr break accommodating scheduled transition shift)																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Less than 34 hr break in any 9 day period																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minimum Days Off Per Shift Cycle 26.205(a)(3)	Average of less than 1 day off per week for 8-hour shifts																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Average of less than 2 days off per week for 10-hour shifts																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Average of less than 2.5 days off per week for 12-hour shifts																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Average of less than 3 days off per week for 12-hour security shifts																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minimum Days Off for Outage Activities (during first 60 days of outage) 26.205(a)(4) and 26.205(a)(5)	Less than 3 days off per successive 15-day period 26.205(a)(4)																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Less than 4 days off per successive 15-day period for security personnel 26.205(a)(5)																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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.

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 on-site directing of maintenance as described in 26.4(a)(4)	Performing security duties as described in 26.4(a)(5)
1	0	0	0	0	0
2	0	0	0	2	0
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
10	0	0	0	0	0
11 - 20	0	0	0	0	0
More than 20	0	0	0	0	0
Total Employees Issued Waivers (Excluded)	0	0	0	2	0
Most Waivers Provided to a Single Individual	0	0	0	2	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): First Name Last Name Position Title Email Address

Person 2 (Optional): First Name Last Name Position Title Email Address

Final Step (Required) - NRC will consider this form an official submission only when the "Validate & Lock" button has been selected and all errors (if any, those highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" when the data validation process has been successfully completed and the form is ready for submission.

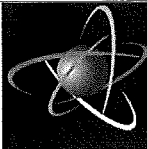
Summary of Corrective Action - 26.203(e)(2) (as required)

Analysis of Waiver Assessment Data (Limit 10,000 characters)
Waivers were written for two (2) individuals who were qualified to perform work necessary to mitigate a condition known to exist.

Analysis of Fatigue Assessment Data (Limit 10,000 characters)
Fatigue assessments performed prior to issuance of the waivers did not identify a fatigue concern. A subsequent review of the fatigue assessments related to the waivers identified the factors to properly document the results of the fatigue assessment on the required fatigue management program form.

Conclusions (Limit 10,000 characters)
Waivers were appropriately granted with opportunities to improve documentation of fatigue assessments.

Summary and Status of Corrective Actions (Limit 10,000 characters)
To ensure proper documentation of fatigue assessments, the program waiver form is being enhanced to require a sign-off that the waiver related fatigue assessment is documented using the program fatigue assessment form.



U.S. NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

Electronic Information Exchange

NRC FFD Program Performance Data Reporting System 10 CFR Part 26, Subpart I - Managing Fatigue Annual Fatigue Reporting Form for the EIE General Submission

Select Facility: Period of Report (Read only): *Make Use Adobe Reader 8 or later for this form to work properly.*

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

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)

Did any of the first 60 days of an outage occur during the reporting period? (Yes / No)

Did any of the outage days after day 60 occur during the reporting period? (Yes / No)

Summary of Waiver Issuance - 26.203(e)(1)(i-ii)

Number of Waivers Issued [Note: Even if no waivers were issued, please enter a value (e.g., 0) in at least one of the cells in this table]

Work Hour Controls	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 on-site direction of maintenance, as described in 26.4(a)(4)			Performing security duties, as described in 26.4(a)(5)			Operating Total (Calculated)	Outage Total (days 1-60) (Calculated)	Outage Total (after day 60) (Calculated)	Combined Total (Calculated)
	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	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	
	Exceeded 20 work hrs in any 48 hr period	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	
	Exceeded 72 work hrs in any 7 day period	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Rest Breaks 26.205(a)(2)	less than 10 hr break b/w successive work periods for 8 hr break accommodating scheduled transition b/w shifts	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Minimum Days Off Per Shift Cycle 26.205(a)(3)	Average of less than 1 day off per week for 8-hour shifts	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Minimum Days Off for Outage Activities (during first 90 days of outage) 26.205(a)(4) and 26.205(a)(5)	less than 3 days off per successive 15-day period 26.205(a)(4)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
	less than 1 day off per 7-day period for maintenance personnel 26.205(a)(4)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
	less than 4 days off per successive 15-day period for security personnel 26.205(a)(5)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="4"/>		

*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 on-site 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="0"/>	<input type="text" value="0"/>
2	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
9	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
10	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
11 - 20	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
More than 20	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Employees Issued Waivers (Calculated)	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
Most Waivers Provided to a Single Individual	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<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.

Person(s) Responsible for Information Provided

Person 1 (required):

Person 2 (optional):

Final Step (Required) - NRC will consider this form an official submission 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.

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

Analysis of Waiver Assessment Data (Limit 10,000 characters)
Waivers for two (2) individuals were written to ensure minimal shift complement for operation security positions in response to sudden and unforeseen illness.

Analysis of Fatigue Assessment Data (Limit 10,000 characters)
Fatigue assessments were properly completed and did not identify the need for additional fatigue controls.

Conclusions (Limit 10,000 characters)
Waivers and related fatigue assessments effectively addressed fatigue concerns for the work hour controls exceeded.

Summary and Status of Corrective Actions (Limit 10,000 characters)
Waiver and fatigue assessments effectively implemented and entered into corrective action program for tracking.