



Estimated burden per response to comply with this collection request is 162 Hrs. 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.

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

Select Facility: [] Period of Report: []

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.

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

Today is: []

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) []
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)

Table with columns for Work Hour Controls, Number of Waivers Issued (Operating, Outage), and Combined Total. Rows include categories like Daily Work Hours, Rest Breaks, Minimum Days Off, etc.

* 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)

Table showing Number of Employees Issued Waivers by category (Operating, Health physics, Fire brigade, Maintenance, Security) and frequency (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11-20, More than 20, Total, Most Waivers Provided to a Single Individual).

Person(s) Responsible for Information Provided

Person 1 (required): [] [] [] []
Person 2 (optional): [] [] [] []

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

Analysis of Waiver Assessment Data: (Limit 10,000 characters)
Analysis of Fatigue Assessment Data: (Limit 10,000 characters)
Conclusions: (Limit 10,000 characters)
Summary and Status of Corrective Actions: (Limit 10,000 characters)

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

[]

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.

Form Locked On: []