

## Part 20 Respirator Protection Exemption Request for Power Reactors

By letter dated April 27, 2020 (ADAMS Accession No. ML20099G757), the U.S. Nuclear Regulatory Commission (NRC) provided guidance to the nuclear power industry regarding the expedited review of licensee-requested exemptions from the medical examination frequency requirements in 10 CFR 20.1703(c)(5)(iii) and the fit-testing frequency requirements in 10 CFR 20.1703(c)(6) during the COVID-19 Public health Emergency (PHE). As detailed in the April 27, 2020 letter, the NRC will expeditiously review requests from individual licensees for exemptions from these requirements if those requests meet certain elements. This form is intended for use by power reactor licensees to request these exemptions.

Consistent with NRC regulations, please provide required copies to state and other government agencies, and the NRC regional office.

If the licensee determines that it cannot meet the expedited review criteria described in the April 27, 2020 letter, or requests one or more exemptions from different Part 20 provisions, then the licensee may seek separate NRC approval through the normal exemption process.

APPROVED BY OMB NO. 3150-0014

Expiration Date: MM/DD/YYYY

Estimated burden per response to comply with this collection request: 2 hours. This form is used to submit COVID-19 related requests for an exemption from certain requirements in 10 CFR Part 20. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202 (3150-0014), Office of Management and Budget, Washington, DC 20503. If a means used to impose an 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.

\* Required

## Demographics

### 1. Submitter Name/Title \*

Enter your answer

### 2. Email Address \*

*Please enter the email address for which you would like to receive communications regarding this request.*

Enter your answer

### 3. Organization

Select your answer



4. Plant Name

5. Plant Unit(s) 1-4

- 1
- 2
- 3
- 4

6. Need By Date

7. Enter Docket Number(s)

*Example: 05000313*

8. Enter License Number(s)

*Example: DPR-51*

Enter your answer

9. NRC Licensing Project Manager

Select your answer



Next

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