Florida Power & Light Company, P. O. Box 14000, Juno Beach, FL 33408-0420

FPL

L-2003-154
10 CFR 26
JUN - 9 2003

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

Re: St. Lucie Units 1 and 2
Docket Nos. 50-335 and 50-389
Turkey Point Units 3 and 4
Docket Nos. 50-250 and 50-251
10 CFR 26 Unsatisfactory Performance
Testing Incident Report

Pursuant to 10 CFR 26, Appendix A, Section 2.8(e)(4), Florida Power and Light Company (FPL) hereby submits to the NRC the enclosed HHS-certified laboratory report of an unsatisfactory Fitness-for-Duty performance-testing result.

An FPL Nuclear Division Quality Assurance (QA) audit documented an issue where the certified laboratory, Quest Diagnostics, contracted by FPL to perform drug urinalysis screenings, did not conduct a confirmatory test for opiates. Specifically, 10 CFR 26, Appendix A, 2.7 (f)(5) includes a 6-Monoacetylmorphine (6-MAM) test if the screening test is presumptive positive for morphine. Contrary to the requirement, one actual and 15 blind samples that were screened positive with morphine and combined with codeine were not 6-MAM tested.

An investigation into this incident determined that the drug analysis performance results received from the laboratory were satisfactory (confirmed positives, no false positives or false negatives) and reported accurately with the exception of the failure to perform the 6-MAM screening test. The failure to perform the 6-MAM test on the 16 samples did not alter the MRO determination of test results and resulted in no safety significant events. In the case of the actual sample, the MRO review identified that the individual was in possession of valid prescriptions to justify the presence of the opiates.

The enclosed laboratory report summarizes the investigative analysis of the unsatisfactory performance, the identification of the cause, and the corrective action taken by the laboratory to prevent recurrence.

Please contact us if additional information is required.

Very truly yours,

J. A. Stall
Senior Vice President, Nuclear
and Chief Nuclear Officer

Attachment

A022

Quest Diagnostics Incorporated

3175 Presidential Drive
Atlanta, GA 30340

June 5, 2003

Gary Schecodnic, M.D.
Medical Review Officer
Florida Power & Light
Mail code JNS/JB
700 Universe Blvd.
Juno Beach, FL 33408

Dear Dr. Schecodnic:

This letter is in response to your request for Quest Diagnostics to provide information pertaining to the cause and resolution of the problem that prevented the laboratory from performing an automatic confirmation test for 6-acetylmorphine on all specimens that were confirmed positive for morphine. The laboratory has investigated this issue and has identified the following:

Historically, the 6-acetylmorphine automatic reflex testing in the Quest Diagnostics computer system was programmed at the Ordering Account, Master Client Account, or MRO Account level. The programming for reflex 6-acetylmorphine testing relied on account database staff to manually program each NRC account for this functionality. The laboratory certifying scientist also had the capability of manually adding a 6-acetylmorphine confirmation test if the test was not automatically ordered by the computer system.

In the 4th Quarter of 2001, a database change was implemented in the Quest Diagnostics computer system to automatically add a 6-acetymphorphine confirmation test for any sample that was confirmed positive for morphine. The ordering of an automatic 6-acetylmorphine test by the computer system was triggered by an opiate confirmation reflex unit code.

In February 2003, the laboratory was notified by Florida Power & Light Company that the 6-acetylmorphine test was not being performed on all NRC samples that were reported positive for morphine. The laboratory investigated this issue and identified a software programming problem with the existing reflex testing mechanism that prevented the automatic reflex testing for 6-acetylmorphine. The software problem was isolated to those accounts that received automatic quantitative opiate results on their electronic reports. The laboratory has resolved this issue by programming a new 6-acetylmorphine reflex mechanism to ensure that 6-acetylmorphine testing is performed on all samples that are confirmed positive for morphine.

The laboratory has monitored the performance of the modified procedure to ensure that a 6-acetylmorphine test is automatically ordered by the computer system on all specimens

that are confirmed positive for morphine. To date, no failures have been identified and all samples that were confirmed positive for morphine were automatically tested for 6-monoacetylmorphine as required.

I appreciate your bringing this issue to our attention in a timely manner and apologize for any inconvenience that may have been realized as a result of this issue.

If you have any questions pertaining to the information provided, please contact me directly at 770-936-5007.

Respectfully,

Edward A'Zary, Ph.D.
Director of Forensic Toxicology