

U.S. NRC

United States Nuclear Regulatory Commission

Protecting People and the Environment

Electronic Information Exchange

NRC FFD Program Performance Data Reporting System

Annual Reporting Form for Drug and Alcohol Tests for the EIE General Submission Portal

☒ Submission Update

Please explain the change(s) to the form

Did not submit original report using correct format. Notice sent back from NRC requesting re-submittal

Note:
1) All fields required except those marked 'optional'.
2) Use Adobe Reader 8 or later for this form to work properly.
3) Hold your mouse over a form field to view additional information.

Select Facility

Pilgrim [50-293]

Period of Report

2011

Tests Conducted in the Calendar Year

Reason For Testing	Total Number of Tests Conducted		Total Number of Positive, Adulterated, Substituted, and Refusal to Test Results
	Licensee Employees	Contractors/Vendors	
Pre-Access	59	694	14
Random	420	87	2
For Cause	3	0	1
Post-Event	4	1	0
Followup	17	16	0
Total (Calculated)	503	798	17

FFD Program Random Testing Population and Rate

Average number of licensee employees

697

Average number of contractors/vendors

261

Total size of the random testing pool throughout the period (Calculated)

958

Annual random testing percentage achieved for the testing pool

52.9

Laboratory Testing

Does your program use a Licensee Testing Facility? (Yes / No)

No

Identify your HHS-Certified Laboratory(ies)

Quest Diagnostics; PA

Identify your Blind Performance Test Sample supplier(s)

El Sohly Labs. Inc., Oxford, MS 38655

Substances Tested

Did your program only test for NRC-required substances AND at the NRC-specified minimum cutoff levels? (Yes / No)

Yes

Does your program conduct LOD testing permitted in 26.163(a)(2)? (Yes / No)

Yes

Substance	Use Only NRC Cutoff Levels? (Yes / No)	Initial Cutoff	Confirmatory Cutoff	LOD Testing? (Yes / No)	Comment (Optional)
Alcohol	Yes			Not Applicable	
Cocaine	Yes			Yes	
Marijuana	Yes			Yes	
Amphetamines	Yes			Yes	
Opiates	Yes			Yes	
PCP	Yes			Yes	

Substances Tested - continued

Summary of Management Actions - 26.717(b)(8)

Summarize actions implemented to improve FFD program performance. As applicable, reference in the topic description audit reports, 30-day reports, and/or corrective action reports. If reporting information on more than three topics, select "Others" for Topic 3 to report any additional topics.

Topic 1

Program and System Management

Topic 1 Description

Fitness for Duty/Access Authorization (including PADS) audit conducted between July 11 and August 31, 2011.

Quality Assurance Audit Report QA-01-2011-HQN-1 Rev. 1

The audit concluded that these programs at each of the Entergy Sites continue to be effectively implemented and meet the requirements of 10CFR Parts 26, 73.56 and 73.57

☐ Add an additional Topic

Person(s) Responsible for Information Provided

Person 1 (required):

<input type="text" value="Dianne"/>	<input type="text" value="Wilson"/>	<input type="text" value="Security Coordinator"/>	<input type="text" value="dwilso3@entergy.com"/>
First Name	Last Name	Position Title	Company Email Address

Person 2 (optional):

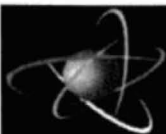
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Position Title	Company Email Address

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.



Save to Local PC

Print this Report



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Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

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Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

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

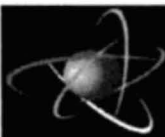
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Form Locked On:

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Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

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Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

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☒ First drug or alcohol positive

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☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

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Person 1 (required):

First Name

Last Name

Position Title

Email Address

Person 2 (optional):

First Name

Last Name

Position Title

Email Address

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Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied) PNP-2011-003

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Select Facility

Pilgrim [50-293]

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Date of Collection (mm/dd/yyyy) 03/16/2011

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Employment Type - 26.717(b)(3)

Contractor/Vendor

Labor Category - 26.717(b)(3)

Other

Please elaborate

WAREHOUSE, STOCK KEEPER

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported

Drug and Alcohol

Alcohol Testing

Breath

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

No

Substance - 26.717(b)(2) & (b)(4)

Marijuana

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No) Yes

Use NRC Cutoff (Yes / No) Yes

Use NRC Cutoff (Yes / No) Yes

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Subversion Attempts - 26.717(b)(7) and 26.75(b)

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Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

3-Year Denial

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

DIANNE

WILSON

SECURITY COORDINATOR

dwilso3@entergy.com

First Name

Last Name

Position Title

Email Address

Person 2 (optional):

First Name

Last Name

Position Title

Email Address

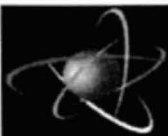
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Locked

Form Locked On: Apr 22, 2011 at 9:54:39 AM

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Unique Reference Number (Licensee Supplied)

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Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

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Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☐ Subversion

☐ Misuse

☒ First drug or alcohol positive

☐ Violation of 5-hour abstinence rule

☐ Sale, Use or Possession in PA

☐ Resignation/Withdrawal

☐ Subsequent positive test result from testing

☐ Other:

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

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Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

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Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

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☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

First Name

Last Name

Position Title

Email Address

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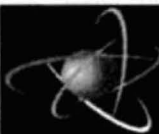
Locked

Form Locked On:

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Single Positive Test Form version 1.2.24



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Date of Collection (mm/dd/yyyy)

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Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

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If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☐ Subversion

☐ Misuse

☒ First drug or alcohol positive

☐ Violation of 5-hour abstinence rule

☐ Sale, Use or Possession in PA

☐ Resignation/Withdrawal

☐ Subsequent positive test result from testing

☐ Other:

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Person 1 (required):

First Name

Last Name

Position Title

Email Address

Person 2 (optional):

First Name

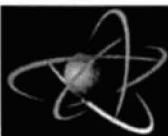
Last Name

Position Title

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Form Locked On:



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Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

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Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(6)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

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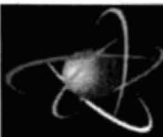
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Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

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Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

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Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

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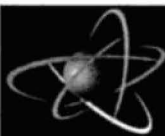
Last Name

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Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

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 (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.

Form Locked On:

NRC FFD Program Performance Data Reporting System
Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

Note:

- 1) All fields are required except those marked 'optional'.
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) 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, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☐ Subversion

☐ Misuse

☒ First drug or alcohol positive

☐ Violation of 5-hour abstinence rule

☐ Sale, Use or Possession in PA

☐ Resignation/Withdrawal

☐ Subsequent positive test result from testing

☐ Other:

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

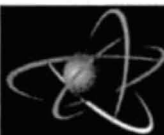
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Locked

Form Locked On:

Save to Local PC

Print this Report



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Protecting People and the Environment

Electronic Information Exchange

NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

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 (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.

Form Locked On:

NRC FFD Program Performance Data Reporting System
Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☐ Subversion

☐ Misuse

☒ First drug or alcohol positive

☐ Violation of 5-hour abstinence rule

☐ Sale, Use or Possession in PA

☐ Resignation/Withdrawal

☐ Subsequent positive test result from testing

☐ Other:

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

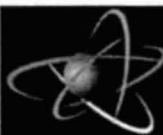
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Locked

Form Locked On:

Save to Local PC

Print this Report



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NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

PNP-2011-013

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Pilgrim [50-293]

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Employment Type - 26.717(b)(3)

Contractor/Vendor

Labor Category - 26.717(b)(3)

Maintenance (Craft)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

Test Type(s) for Result(s) Reported

Drug and Alcohol

Alcohol Testing

Breath

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

No

Substance - 26.717(b)(2) & (b)(4)

Morphine

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)

Yes

Use NRC Cutoff (Yes / No)

Yes

Use NRC Cutoff (Yes / No)

Yes

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

3- Year Denial

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

DIANNE

First Name

WILSON

Last Name

SECURITY COORDINATOR

Position Title

dwilso3@entergy.com

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 (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.

Locked

Form Locked On: Apr 22, 2011 at 11:04:09 AM

Save to Local PC

Print this Report

NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable.

If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☒ MRO Confirmation

☐ Subversion

☐ Misuse

☒ First drug or alcohol positive

☐ Violation of 5-hour abstinence rule

☐ Sale, Use or Possession in PA

☐ Resignation/Withdrawal

☐ Subsequent positive test result from testing

☐ Other:

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

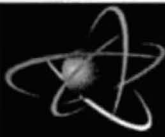
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Locked

Form Locked On:

Save to Local PC

Print this Report



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United States Nuclear Regulatory Commission

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Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

For Cause Testing Reason (optional)

Note:

- 1) All fields are required except those marked 'optional'.
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) Use Adobe Reader 8 or later for this form to work properly.

Date of Collection (mm/dd/yyyy)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☐ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

First Name

Last Name

Position Title

Email Address

Person 2 (optional):

First Name

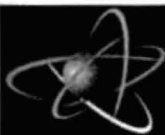
Last Name

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 (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.

Form Locked On:



U.S. NRC
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Protecting People and the Environment

Electronic Information Exchange

NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☐ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

First Name

Last Name

Position Title

Email Address

Person 2 (optional):

First Name

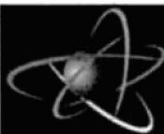
Last Name

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 (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.

Form Locked On:



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NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

☐ Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Note:

1) All fields are required except those marked 'optional'.

2) Entries in some form fields may result in information being auto-populated into other form fields.

3) Use Adobe Reader 8 or later for this form to work properly.

Date of Collection (mm/dd/yyyy)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable.

If not a subversion attempt, do not select any of the four boxes.

Physical Evidence

☐

Observed Actions/Behaviors

☐

Refusal to Cooperate

☐

Other

☐

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

☐ MRO Confirmation

☒ First drug or alcohol positive

☐ Resignation/Withdrawal

☐ Subversion

☐ Subsequent positive test result from testing

☐ Misuse

☐ Violation of 5-hour abstinence rule

☐ Other:

☐ Sale, Use or Possession in PA

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

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Form Locked On:

Fatigue Rule Waivers Issued for 2011

Facility: Pilgrim Nuclear Power Station

Period of Report: 1/1/2011 – 12/31/2011

Facility Outage During Report Period: Yes

WAIVER DISTRIBUTION BY TYPE OF LIMIT (A)

WORK HOUR LIMIT	OPERATIONS		MAINTENANCE		SECURITY		HP / RADPRO		CHEMISTRY		FIRE BRIGADE (B)	
Max ceilings:												
	Online	Outage	Online	Outage	Online	Outage	Online	Outage	Online	Outage	Online	Outage
16h max in 24h	0	0	12	1	0	0	1	0	0	0	0	0
26h max in 48h	2	2	14	1	2	0	0	0	0	0	0	0
72 max in 7d	0	0	39	18	2	1	1	0	0	0	0	0
Rest Breaks:												
	Online	Outage	Online	Outage	Online	Outage	Online	Outage	Online	Outage	Online	Outage
10h between work periods	0	0	4	2	0	0	0	0	0	0	0	0
34h in any 9-days	0	0	32	2	1	0	1	0	2	0	0	0
Minimum Days Off – Online:												
1 MDO /wk; 8h shift	0		0		0		0		0		0	
2 MDO /wk; 10h shift	0		0		0		0		0		0	
2 MDO /wk; 12 hr shift			50									
2.5 MDO /wk; 12 hr shift	0						0		0		0	
3 MDO /wk; 12 hr shift					87							
Minimum Days Off – Outage:												
1 MDO / 7 days (rolling)			9									
3 MDO / 15 day period	0						0		0		0	
4 MDO / 15 day period					0							

NUMBER OF WAIVERS PER INDIVIDUAL EMPLOYEE (C)

NUMBER OF WAIVERS	OPERATIONS	MAINTENANCE	SECURITY	HP / RADPRO	CHEMISTRY	FIRE BRIGADE (B)
1	4	46	5	2	0	0
2	0	12	0	0	0	0
3	0	5	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
Highest number of waivers for an individual employee	1	3	1	1	0	0