



Electronic Information Exchange

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

☒ Submission Update

Please explain the change(s) to the form

correction required

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.
- 4) Hold your mouse over a form field to view additional information.

Unique Reference Number (Licensee Supplied)

2013-DRS-12

Select Facility

Dresden [50-237; 50-249]

Date of Collection (mm/dd/yyyy) 12/27/2013

Reason for Testing - 26.717(b)(5)

Random

Please elaborate (optional)

not a supervisor--Analysis of dilute specimen in accordance with 10.CFR 26.163(a)(2).

Employment Type - 26.717(b)(3)

Licensee Employee

Labor Category - 26.717(b)(3)

Security

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Dilute

Was LOD testing conducted (Yes / No) - 26.163(a)(2)?

Yes

Test Type(s) for Result(s) Reported - 26.717(b)(2)

Drug Only

Drug Testing

Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75

No

Substance - 26.717(b)(2) & (b)(6)

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)

Did this collection involve a subversion attempt (Yes/No)?

No

Management Actions - 26.717(b)(8) & 26.75

Reason for the Action

First drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

Licensee Administrated

Specific Sanction Applied

3- Year Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Vicki

First Name

Farbo

Last Name

FFD Analyst-West

Position Title

vicki.farbo@exeloncorp.com

Company Email Address

Person 2 (optional):

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.

Locked

Form Locked On: Apr 28, 2014 at 12:58:46 PM

Save to Local PC

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