

☐ Submission  
☐ Update

**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

Peach Bottom [50-277; 50-278]

Period of Report

2013

**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	154	2,777	18
Random	493	439	1
For Cause	1	15	4
Post-Event	2	4	0
Followup	66	172	0
Total (Calculated)	716	3,407	23

**FFD Program Random Testing Population and Rate**

Average number of licensee employees

916

Average number of contractors/vendors

755

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

1,671

Annual random testing percentage achieved for the testing pool

55.8

**Laboratory Testing**

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

Yes

Does your program terminate an individual's authorization or take administrative action on initial marijuana or cocaine positive test results from your licensee testing facility (26.717(d))? (Yes / No)

No

Identify your HHS-Certified Laboratory(ies)

Medtox

Identify your Blind Performance Test Sample supplier(s)

EISohly

**26.717(d) Reporting Positive Initial Drug Test Results (Marijuana and Cocaine) - Licensee Testing Facility (LTF)**

Enter values into this table if your program terminates an individual's authorization or takes administrative action on the initial positive test result.

Substance	LTF Results	HHS Laboratory Results	MRO Determinations
Marijuana			
Cocaine			
Total (Calculated)			

**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

**Special Analyses Testing Results**

Total Number of "Dilute" Specimen Test Results (Optional)

Total Number of "Dilute" Specimens (Special Analyses Testing Conducted)

0

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

Other(s)

Please elaborate:

Form does not provide a separate field to capture this data.

Topic 1 Description

(1) Licensee reported 12 C/V tests under the category "Pre-Access Random." These tests were included under the Pre-Access category.

Topic 2

Program and System Management

Topic 2 Description

There were three (3) re-analysis performed for this reporting period and all three (3) were re-confirmed.

☐ Add an additional Topic

Person(s) Responsible for Information Provided

Person 1 (required):

Susan

First Name

Techau

Last Name

AA/FFD Program Manager

Position Title

susan.techau@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

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