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AUTH. NAME AUTHOR AFFILIATION
TUCKMAN, M.S. Duke Power Co. O
RECIP. NAME RECIPIENT AFFILIATION
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SUBJECT: Provides summary rept from Duke Power Co corporate medical director of three instances of false-negative blind performance urine drug screens by lab used by Duke FFD testing. I

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MAY

Duke Power Company
P.O. Box 1006
Charlotte, NC 28201-1006

M. S. TUCKMAN
Senior Vice President
Nuclear Generation
(704)382-2200 Office
(704)382-4360 Fax



DUKE POWER

August 25, 1995

U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

Attention: Document Control Desk

Subject: Oconee Nuclear Station
Docket Numbers 50-269, -270, and -287
McGuire Nuclear Station
Docket Numbers 50-369 and -370
Catawba Nuclear Station
Docket Numbers 50-413 and -414
Report of False Negative Blind Performance Urine Drug Screen

Pusuant to 10 CFR 26, Appendix A 2.8(e)(4), attached is summary report from Duke Power Company's corporate medical director of three instances of false negative blind performance urine drug screens by the laboratory used by Duke for fitness-for-duty testing. Reports of the investigations of the false negative drug screens by the laboratory are also attached.

If there are any questions about this report, please contact Dr. W. E. Dukes at (704) 382-5494, or S. A. Gewehr at (704) 382-7581.

Very truly yours,

M. S. Tuckman

fndrugs/sag

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U. S. Nuclear Regulatory Commission

August 25, 1995

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cc: Mr. V. Nerses, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Mail Stop 14H25, OWFN
Washington, D. C. 20555

Mr. L. A. Wiens, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Mail Stop 14H25, OWFN
Washington, D. C. 20555

Mr. R. E. Martin, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Mail Stop 14H25, OWFN
Washington, D. C. 20555

Stuart D. Ebnetter, Regional Administrator
U.S. Nuclear Regulatory Commission - Region II
101 Marietta Street, NW - Suite 2900
Atlanta, Georgia 30323

Mr. G. F. Maxwell
Senior Resident Inspector
McGuire Nuclear Station

Mr. R. J. Freudenberger
Senior Resident Inspector
Catawba Nuclear Station

Mr. P. E. Harmon
Senior Resident Inspector
Oconee Nuclear Station

Duke Power Company
Health & Safety Division
P.O. Box 1006 (EC020)
Charlotte, NC 28201-1006



DUKE POWER

August 23, 1995

SUBJECT: Possible False Negative Blind Urine Drug Screen

Three blind specimens were incorrectly identified by SmithKline Beecham Laboratory in Atlanta. The toxicologist vendor who supplies and reconciles the blind specimens notified Duke Power of the false negatives on August 3, 1995. Two of the specimens were spiked with 75 ng of THC and one was spiked with 1500 ng of amphetamine. All were reported as negative by the laboratory.

The laboratory was notified and investigated the results. The laboratory submitted two letters of explanation. These letters are attached. The analysis by the screening test (EMIT), of the three specimens detected the metabolites just beneath the cutoff levels. The controls and the assay did not reveal any problems. At this time there still is question as to whether the blinds may have deteriorated or if there is a problem with the assay. The toxicologist vendor is going to meet with Dr. Sample, the laboratory director, next week to further discuss and investigate.

I remain confident that SmithKline Beecham will continue to provide the highest quality drug testing analysis to Duke Power Company.

WE Dukes, Jr., MD

William E. Dukes, Jr., MD
Corporate Medical Director

SB
SmithKline Beecham
Clinical Laboratories

August 11, 1995

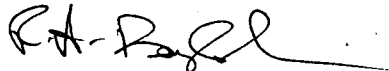
Dr. Gene Dukes
Corporate Medical Director
Duke Power
422 S. Church St.
Charlotte, NC 28242

Dear Dr. Dukes,

On August 11, 1995, you requested that the data on the specimen identified by requisition number 3312821 be reviewed. At that time, you indicated that this was a blind specimen and that you expected a positive result for amphetamines. A review of the data indicated that the specimen was borderline negative, exhibiting an immunoassay response of 0.989. There is no indication of an assay problem based on a review of the controls included with the analytical batch. We are unable to reanalyze this specimen since it has been discarded. It is our laboratory's policy to discard negative specimens seven days after receipt. Since the immunoassay reacts to both amphetamine and methamphetamine to different extents, I would need to know the composition of the control and the age of the pool in order to comment further on the possible cause for the discrepancy.

If I can be of any further assistance to you in this matter or if you need additional information, please contact me.

Sincerely,



R. H. Barry Sample, Ph.D.
Director of Forensic Toxicology
SmithKline Beecham Clinical Laboratories

SB
SmithKline Beecham
Clinical Laboratories

August 11, 1995

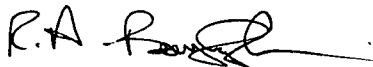
Dr. Gene Dukes
Corporate Medical Director
Duke Power
422 S. Church St.
Charlotte, NC 28242

Dear Dr. Dukes,

On August 11, 1995, you requested that the data on the specimens identified by requisition numbers 3313077 and 3791829 be reviewed. At that time, you indicated that these were blind specimens and that you expected positive results for marijuana metabolite. A review of the data indicated that the specimens were borderline negative, exhibiting an immunoassay response of 0.870 and 0.989, respectively. There is no indication of an assay problem based on a review of the controls included with the analytical batches. We are unable to reanalyze these specimens since they have been discarded. It is our laboratory's policy to discard negative specimens seven days after receipt. This discrepancy is most likely a result of degradation of the specimen if the blind specimen was nearing its expiration date or the end of the lot.

If I can be of any further assistance to you in this matter or if you need additional information, please contact me.

Sincerely,



R. H. Barry Sample, Ph.D.
Director of Forensic Toxicology
SmithKline Beecham Clinical Laboratories