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SUBJECT: Forwards unsatisfactory performance test results, per 10CFR26, Appendix A.

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DUKE POWER

November 27, 1995

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

Subject: Fitness-For-Duty Program
Unsatisfactory Performance Test Result

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

Attached is a report, as required by 10CFR 26, Appendix A, of unsatisfactory performance test results.

If there are any questions, please contact G. A. Copp at (704)382-5826.

Very truly yours,

A handwritten signature in dark ink, appearing to read "M. S. Tuckman". The signature is fluid and cursive.

M. S. Tuckman

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U. S. Nuclear Regulatory Commission

November 27, 1995

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DUKE POWER

November 20, 1995

SUBJECT: False Negative Blind Urine Drug Screens

Seven spiked positive blind specimens were incorrectly identified by SmithKline Beecham Laboratory in Atlanta as negative. Dr. Jerry McHan, a toxicologist who supplies and reconciles the blind specimens notified Duke Power on November 11, 1995. Five of the specimens were spiked with marijuana and two were spiked with amphetamine. Dr. McHan has investigated with Dr. Barry Sample, the Laboratory Director of SmithKline Beecham. His report is attached.

The problem with the marijuana false negatives were these specimens were spiked with marijuana around the 100 ng level. When they were screened they had a response just beneath the cutoff level at 100 ng. However, because of an inadequate review by a certifying scientist the specimens were not analyzed at the 50 ng cutoff level. I discussed this with Dr. Sample on November 20, 1995. He has instituted corrective action of additional training, additional review, and more audit mechanisms.

The two false negatives for amphetamine were detected but just beneath the cutoff level. This will be followed closely. The laboratory did identify other specimens spiked with marijuana and identified all other substances submitted, i.e. cocaine, PCP, morphine, codeine, and methamphetamine correctly at 100%.

W. E. Dukes, Jr., MD,

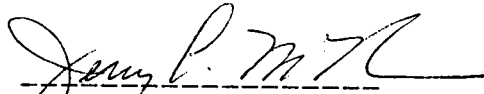
W. E. Dukes, Jr., MD
Corporate Medical Director

Comments

The laboratory had seven (7) false negatives for the quarter. Five were for THC-50, which had a level of approximately 100 ng/ml of THC. Since this was a continuation of an apparent problem of the laboratory to discriminate THC at levels between 50 and 100, we reviewed the test results with the laboratory's Responsible Person (RP). The review revealed that the certifying scientist had failed to properly review the screening data in order to identify this level of THC. The RP indicated that he had implemented an SOP to insure that this problem would not continue.

The other two (2) false negatives were for samples containing amphetamine. This lot number has consistently tested positive at the 1000 ng/ml cutoff. Since the laboratory had reported a positive on this lot number during the second quarter, it is not likely to be a random error. A review of the screening data with the RP demonstrated a result just below the cutoff. The most likely source of the problem is either the precision of the screening test around the cutoff or a change in the response of the antibody in the reagent. We will continue to evaluate this problem.

Report submitted by:

 11/12/95

Jerry L. McHan, PhD Date
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