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TUCKMAN, M.S.	Duke Power Co.
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SUBJECT: Forwards unsatisfactory performance test results of fitness-for-duty program, per 10CFR26, App A.

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DUKE POWER

June 17, 1997

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,

M. S. Tuckman

M. S. Tuckman

Attachment

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PDR ADDCK 05000269
F PDR

240018



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U. S. Nuclear Regulatory Commission
June 17, 1997
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DUKE POWER

June 13, 1997

SUBJECT: False Negative Blind Performance Urine Drug Screen

One spiked positive blind performance urine drug screen for amphetamine was incorrectly identified as negative by the SmithKline Beecham Laboratory in Atlanta. The specimen was submitted on February 12, 1997.

Dr. Jerry McHan of Quality Assurance Associates notified me of the results on May 27, 1997. He investigated the test results with Dr. Feldman, the Technical Manager of Substance Abuse Testing at SmithKline Beecham.

The specimen should have been positive for amphetamine. The investigation revealed that the result was just under the cutoff for the EMIT test. It was 0.978 and the cutoff is 1.000. There had been some problems last year with the reagents supplied to SmithKline Beecham for detection of amphetamine alone. The reagents are primarily standardized for methamphetamine. We had a few false negative blind amphetamine in the past (see previous letter to NRC dated February 20, 1996). However, the reagents were changed in June, 1996 and we have had no false negative amphetamine until this one. It appeared the problem was corrected.

This specimen's EMIT value is extremely close to the cutoff and could just be random laboratory error. The laboratory did correctly identify all other specimens with amphetamine and methamphetamine in the first quarter of 1997 (4 for amphetamine and 7 for methamphetamine). However, additional blind amphetamine samples will be submitted to the laboratory for further evaluation. If there are further false negatives more investigation will be instituted.

W. E. Dukes, Jr., MD

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

Enclosure



SmithKline Beecham

Clinical Laboratories
3175 Presidential Drive, Atlanta GA 30340
(770)452-1590, FAX (770)936-5012

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

June 9, 1997

Re: Blind QC Audit, 079045K

Dear Dr. Dukes:

The above specimen was reported as negative, based on an amphetamine screening result of 0.978 (1.000 is cutoff). The sample was discarded after seven days.

The reagent manufacturer has standardized their amphetamines kit (reagent lot # J1, calibration lot # J2) with d-methamphetamine and supplies us with d-methamphetamine as the calibrator. Our high and low controls contain d-methamphetamine, and gave acceptable results. Although the manufacturer claims to have equal response to d-amphetamine, there will always be some variability in the exact cross-reactivity. This is not uncommon with an immunoassay designed to target one analyte (d-methamphetamine) and cross react with another (d-amphetamine). I have spoken to the reagent manufacturer and they would be happy to assist with our investigation.

May I suggest that you provide us with 60 ml of the d-amphetamine-spiked urine pool that was used for this result so that we may investigate the possible cause of this result?

If you have any questions, call me.

Sincerely yours,

Michael S. Feldman, PhD
Technical Manager, Substance Abuse Testing

cc: J. McHan, PhD