



Entergy Nuclear Northeast

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Lawrence Coyle
Site Vice President

NL-16-018

February 12, 2016

U.S. Nuclear Regulatory Commission
Document Control Desk
11545 Rockville Pike, TWFN-2 F1
Rockville, MD 20852-2738

Subject: 2015 Annual Fitness for Duty Program Performance Data Report and Fatigue
Management Program Data Report
Indian Point Energy Center
Docket Nos. 50-247, 50-286
License Nos. DPR-26, DPR-64

Dear Sir or Madam:

This letter transmits Indian Point Energy Center (IPEC) Fitness for Duty (FFD) Program Performance data for the period January 1, 2015 through December 31, 2015 in accordance with the requirements of 10 CFR 26.717(e). Included is also the Fatigue Management Program data in accordance with 10 CFR 26.203(e).

There are no new commitments contained in this letter. If you have any questions or require additional information, please contact Mr. Robert Walpole, Regulatory Assurance Manager at (914) 254-6710.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to be "LC/rf".

LC/rf

Enclosure: 1. 2015 Annual Fitness for Duty Program Performance Data Report
and Fatigue Management Program Data Report

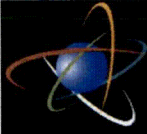
A021
NSIR

cc: Mr. Daniel H. Dorman, Regional Administrator, NRC Region 1
Mr. Douglas Pickett, Senior Project Manager, NRC NRR DORL
IPEC NRC Resident Inspector's Office
Mrs. Bridget Frymire, New York State Department of Public Service
Mr. John B. Rhodes, President and CEO, NYSERDA
Mr. Paul Harris, NRC NSIR DSP SPSB

ENCLOSURE 1 TO NL-16-018

2015 Annual Fitness for Duty Program Performance Data Report
and Fatigue Management Program Data Report

ENTERGY NUCLEAR OPERATIONS, INC.
INDIAN POINT NUCLEAR GENERATING UNIT NOS. 2 and 3
DOCKET NOS. 50-247 and 50-286



U.S. NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

Electronic Information Exchange

NRC FFD Program Performance Data Reporting System 10 CFR Part 26, Subpart I - Managing Fatigue Annual Fatigue Reporting Form for the EIE General Submission Portal

APPROVED BY OMB: NO. 3150-0146

EXPIRES: 11/30/2017

Estimated burden per response to comply with this collection request is 162 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.203(e). The information will be used by NRC to evaluate fatigue program performance related to work hour controls and waivers. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collection Branch (TS-453), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Note:
1) Use Adobe Reader 8 or later for this form to work properly.
2) Hold your mouse over a form field to view additional information.

Select Facility
Indian Point [50-247; 50-286] Period of Report
2015

☐ Submission Update - check this box only if this is an update to a previous submission.

Did your facility issue any waivers in the reporting period? (Yes / No)
Yes

Was this facility in an outage for any part of the reporting period? (Yes / No)
Yes

Did any single site outage last more than 60 days in total? (Yes / No)
No

Summary of Waiver Issuance - 26.203(e)(1)(i-ii)

Work Hour Controls		Number of Waivers Issued												Operating Total	Outage Total (days 1-60)	Outage Total (after day 60)	Combined Total			
		Operating or on-site directing of the operations of systems,as described in 26.4(a)(1)			Performing health physics or chemistry duties, as described in 26.4(a)(2)			Performing duties of a fire brigade member, as described in 26.4(a)(3) *			Performing maintenance or on-site direction of maintenance, as described in 26.4(a)(4)							Performing security duties, as described in 26.4(a)(5)		
		Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	(Calculated)	(Calculated)	(Calculated)	(Calculated)
Daily Work Hours 26.205(d)(1)	Exceeded 16 work hrs in any 24 hr period	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="1"/>
	Exceeded 26 work hrs in any 48 hr period	<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="2"/>	<input type="text" value="0"/>		<input type="text" value="2"/>
	Exceeded 72 work hrs in any 7 day period	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
Rest Breaks 26.205(d)(2)	Less than 10 hr break b/w successive work periods (or 8 hr break accommodating scheduled transition b/w shifts)	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="1"/>
	Less than 34 hr break in any 9 day period	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
Minimum Days Off Per Shift Cycle 26.205(d)(3)	Average of less than 1 day off per week for 8-hour shifts	<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 2 days off per week for 10-hour shifts	<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 2.5 days off per week for 12-hour shifts	<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>									<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 2 days off per week for 12-hour maintenance shifts										<input type="text" value="0"/>						<input type="text" value="0"/>			<input type="text" value="0"/>
	Average of less than 3 days off per week for 12-hour security shifts												<input type="text" value="0"/>			<input type="text" value="0"/>			<input type="text" value="0"/>	
Minimum Days Off for Outage Activities (during first 60 days of outage) 26.205(d)(4) and 26.205(d)(5)	Less than 3 days off per successive 15-day period 26.205(d)(4)		<input type="text" value="0"/>		<input type="text" value="0"/>			<input type="text" value="0"/>									<input type="text" value="0"/>			<input type="text" value="0"/>
	Less than 1 day off per 7-day period for maintenance personnel 26.205(d)(4)										<input type="text" value="0"/>						<input type="text" value="0"/>			<input type="text" value="0"/>
	Less than 4 days off per successive 15-day period for security personnel 26.205(d)(5)												<input type="text" value="0"/>				<input type="text" value="0"/>			<input type="text" value="0"/>
Alternate to Minimum Days Off 26.205(d)(7)	54 hour maximum average	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>
Total		<input type="text" value="1"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="text" value="3"/>	<input type="text" value="0"/>		<input type="text" value="4"/>	<input type="text" value="0"/>		<input type="text" value="4"/>

*NOTE: For individuals performing fire brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Distribution of Waivers for Individuals in Each Category - 26.203(e)(1)(iii)

Number of Employees Issued Waivers (Note: Even if no waivers were issued for a given column, please enter a value (0-9) in at least one of the cells in the column)					
Number of Waivers	Operating or on-site directing of the operations of systems, as described in 26.4(a)(1)	Performing health physics or chemistry duties, as described in 26.4(a)(2)	Performing duties of a fire brigade member as described in 26.4(a)(3)*	Performing maintenance or on-site directing of maintenance as described in 26.4(a)(4)	Performing security duties as described in 26.4(a)(5)
1	1	0	0	0	0
2	0	0	0	0	0
3	0	0	0	0	1
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
10	0	0	0	0	0
11 - 20	0	0	0	0	0
More than 20	0	0	0	0	0
Total Employees Issued Waivers (Calculated)	1	0	0	0	1
Most Waivers Provided to a Single Individual	1	0	0	0	1

*NOTE: For individuals performing fire brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Person(s) Responsible for Information Provided

Person 1 (required):
Richard Louise
First Name Last Name
Position Title
Company Email Address
rloise@entergy.com

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 Feb 11, 2016 at 2:21:35 PM Save to Local PC Print this Report

Summary of Corrective Action - 26.203(e)(2) (as applicable)

Analysis of Waiver Assessment Data: (Limit 10,000 characters)

Analysis of Fatigue Assessment Data: (Limit 10,000 characters)

Conclusions: (Limit 10,000 characters)

Summary and Status of Corrective Actions: (Limit 10,000 characters)

General Comments (optional): (Limit 10,000 characters)

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 11/30/2017

Estimated burden per response to comply with this collection request is 114 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.717. The information is required by NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FOIA, Privacy and Information Collection Branch (T5-F53), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to Infocollects.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

- 1) All fields required unless marked 'optional'
2) Use of Adobe Reader 8 or later is required
3) Mouse over fields for additional information

☐ Submission
Update

Select Facility

Indian Point [50-247; 50-286]

Period of Report

2015

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	117	940	6
Random	621	194	5
For Cause	1	0	1
Post-Event	0	0	0
Followup	143	47	1
Total (Calculated)	882	1,181	13

FFD Program Random Testing Population and Rate

Average number of licensee employees

1,034

Average number of contractors/vendors

483

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

1,517

Annual random testing percentage achieved for the testing pool

53.7

Laboratory Testing

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

No

Identify your HHS-Certified Laboratory(ies)

QUEST DIAGNOSTIC LABORATORIES

Identify your Blind Performance Test Sample supplier(s)

ELSOHLY LABORATORIES, INCORPORATED

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)

15

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

15

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

Please Select

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly	Pettus	Lead, Access Security Coordinator	kpettus@entergy.com
First Name	Last Name	Position Title	Company Email Address

Person 2 (optional):

Wayne	Griffin	Supervisor, Access/FFD	wgriff1@entergy.com
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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2) Entries in some fields auto-populate information in other fields
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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-001

Select Facility

Indian Point [50-247; 50-286]

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Dilute Sample-LOD testing required

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Facility Support

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

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

Dilute

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only when the "Validate & Lock" button is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Locked

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Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-002

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

01/20/2015

Reason for Testing - 26.717(b)(5)

Random

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

No

Labor Category - 26.717(b)(3)

Facility Support

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only when the "Validate & Lock" button is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Locked

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4) Use of Adobe Reader 8 or later is required

☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-003

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

02/23/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Reinstatement (Between 31 and 365 days)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 12:52:31 PM

Save to Local PC

Print this Report

- 1) All fields required except those marked "optional"
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4) Use of Adobe Reader 8 or later is required

☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)
IPEC-2015-004

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

02/23/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Update Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) ☐ No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

☐ No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 12:53:50 PM

Save to Local PC

Print this Report

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4) Use of Adobe Reader 8 or later is required

☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-005

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

02/23/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only when the "Validate & Lock" button is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Locked

Form Locked On: Feb 2, 2016 at 12:55:12 PM

Save to Local PC

Print this Report

- 1) All fields required except those marked 'optional'
2) Entries in some fields auto-populate information in other fields
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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-006

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 11/30/2017

Estimated burden per response to comply with this collection request is 30 minutes. This form is a voluntary means of reporting the information required under 10 CFR 26.717. The information is required by NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FOIA, Privacy and Information Collection Branch (T5-F53), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to InfoCollects.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

02/23/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only when the "Validate & Lock" button is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Locked

Form Locked On: Feb 2, 2016 at 12:56:45 PM

Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-007

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

03/02/2015

Reason for Testing - 26.717(b)(5)

Pre-Access

Pre-Access Testing Reason (optional)

Initial Authorization

Please elaborate (optional)

Observed collection- applicant returning to industry from positive test in 2009

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Maintenance (general facility)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

Yes

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

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

Second drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

Licensee Administrated

Specific Sanction Applied

Permanent Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriffin@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 1:01:47 PM

Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-008

Select Facility

Indian Point [50-247; 50-286]

Date of Collection

(mm/dd/yyyy)

03/10/2015

Reason for Testing - 26.717(b)(5)

Random

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Contractor/Vendor

Outage Worker (optional)?

Yes

Labor Category - 26.717(b)(3)

Facility Support

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 1:03:07 PM

Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)
IPEC-2015-009

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

03/10/2015

Reason for Testing - 26.717(b)(5)

Random

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Licensee Employee

Outage Worker (optional)?

Please Select

Labor Category - 26.717(b)(3)

Supervisor

Please elaborate

Maintenance supervisor (working nights for the outage) was notified at the IPEC SOCA access facility, which is outside the protected area, to report to the Access facility for a random Fitness-For-Duty (FFD) test. A test for alcohol resulted in a confirmed

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) ☐ Yes ☐ No

Please elaborate on the 24-hour reporting event

Reactor Plant Event Notification Worksheet EN # 50879 was completed to document notification.

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

☐ No

Test Results - 26.717(b)(4)

Test Validity

Not Applicable

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

Alcohol Testing

Alcohol Only

Breath

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

Alcohol

What 26.103 BAC level was exceeded?

0.04 or greater

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)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 1:04:16 PM

Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-010

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

04/04/2015

Reason for Testing - 26.717(b)(5)

For Cause

For Cause Testing Reason

Physical Condition/Smell of Alcohol

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Licensee Employee

Outage Worker (optional)?

No

Labor Category - 26.717(b)(3)

Security

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Not Applicable

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

Alcohol Testing

Alcohol Only

Breath

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

Alcohol

What 26.103 BAC level was exceeded?

0.04 or greater

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)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 1:05:48 PM

Save to Local PC

Print this Report

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Unique Reference ID (Licensee Supplied)

IPEC-2015-011

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

04/21/2015

Reason for Testing - 26.717(b)(5)

Random

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Licensee Employee

Outage Worker (optional)?

No

Labor Category - 26.717(b)(3)

Security

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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)

Cocaine

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)?

Yes

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)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 1:07:07 PM

Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-012

Select Facility

Indian Point [50-247; 50-286]

Date of Collection
(mm/dd/yyyy)

05/27/2015

Reason for Testing - 26.717(b)(5)

Followup

Please elaborate on the reason for testing (optional)

Employment Type - 26.717(b)(3)

Licensee Employee

Outage Worker (optional)?

No

Labor Category - 26.717(b)(3)

Security

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

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

Dilute

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)

Cocaine

Additional Substance (as applicable)

Please Select

Additional Substance (as applicable)

Please Select

Use NRC Cutoff (Yes / No)? Yes

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

Second drug or alcohol positive

Sanction Applied

(NRC Minimum or Licensee Administrated)

Licensee Administrated

Specific Sanction Applied

Permanent Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

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Locked

Form Locked On: Feb 2, 2016 at 1:08:23 PM

Save to Local PC

Print this Report

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☐ Submission Update ☐ Delete Submission

Unique Reference ID (Licensee Supplied)

IPEC-2015-013

Select Facility

Indian Point [50-247; 50-286]

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 11/30/2017

Estimated burden per response to comply with this collection request is 30 minutes. This form is a voluntary means of reporting the information required under 10 CFR 26.717. The information is required by NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FOIA, Privacy and Information Collection Branch (T5-F53), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to Infocollects.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Date of Collection
(mm/dd/yyyy)

11/23/2015

Reason for Testing - 26.717(b)(5)

Random

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Licensee Employee

Outage Worker (optional)?

No

Labor Category - 26.717(b)(3)

Security

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

No

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

No

Test Results - 26.717(b)(4)

Test Validity

Valid

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

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)

NRC Minimum

Specific Sanction Applied

14- Day Denial

Person(s) Responsible for Information Provided

Person 1 (required):

Kelly

First Name

Pettus

Last Name

Lead, Access Security Coordinator

Position Title

kpettus@entergy.com

Company Email Address

Person 2 (optional):

Wayne

First Name

Griffin

Last Name

Supervisor, Access/Fitness for Duty

Position Title

wgriff1@entergy.com

Company Email Address

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only when the "Validate & Lock" button is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Locked

Form Locked On: Feb 2, 2016 at 1:12:43 PM

Save to Local PC

Print this Report