

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](mailto: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

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Update

Select Facility

Indian Point [50-247; 50-286]

Period of Report

2017

**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	141	1,104	8
Random	609	221	2
For Cause	2	2	2
Post-Event	2	1	0
Followup	125	71	0
Total (Calculated)	879	1,399	12

**FFD Program Random Testing Population and Rate**

Average number of licensee employees

1,009

Average number of contractors/vendors

551

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

1,560

Annual random testing percentage achieved for the testing pool

53.2

**Laboratory Testing**

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

No

HHS-Certified Laboratory (Primary)

Quest Diagnostics/PA

HHS-Certified Laboratory (Backup)

Quest Diagnostics/KS

Identify your Blind Performance Test Sample supplier(s)

Elsholy Laboratories

**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)

22

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

22

Substance	Use NRC Cutoffs?	Initial Cutoff	Confirmatory Cutoff	Limit of Detection (LOD) Testing?	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

Program and System Management

Topic 1 Description

An analysis of the 2017 data was conducted and did not identify any program weaknesses.

☐ Add an additional Topic

**Person(s) Responsible for Information Provided**

Person 1 (required):

Kelly	Pettus	Sr. 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 10 CFR 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.

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