

FFD Program Performance Data Reporting System

NRC Form 891, Annual Reporting Form for Drug and Alcohol Tests

(EIE General Submission Portal)

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 04/30/2021

Estimated burden per response to comply with this collection request is 108 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.417(b)(2) and 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 InfoCollection.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

Facility

Palisades [50-255]

Period of Report

2019

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	59	182	5
Random	416	105	1
For Cause	1	1	0
Post-Event	0	0	0
Follow-up	7	5	0
Total (Calculated)	483	293	6

FFD Program Random Testing Population and Rate

Average number of licensee employees

698

Average number of contractors/vendors

270

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

968

Annual random testing percentage achieved for the testing pool

53.8

Laboratory Testing

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

No

HHS-Certified Laboratory (Primary)

Quest Diagnostics Incorporated, KS

HHS-Certified Laboratory (Backup)

Quest Diagnostics Incorporated, PA

Identify your Blind Performance Test Sample supplier(s)

EI Sohly Labs, Inc., Oxford, MS 38655

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)

8

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

8

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

Policies and Procedures

Topic 1 Description

Streamlined the FFD processes into a series of Progeny Procedures to better standardize the fleet in its approach to FFD practices.

☒ Add an additional Topic

Topic 2

Random Testing

Topic 2 Description

Developed a metrics by which random testing is monitored to improve compliance with the requirement that tests are conducted at various times of the day and on all days of the week to include backshifts, weekends, and holidays.

☒ Add an additional Topic

Topic 3

Training

Topic 3 Description

Standardized the training for FFD Collectors to make the fleet more consistent in the collection process. Also, identified a team of trainer for the FFD Collector process to ensure training is presented in a consistent manner.

Person(s) Responsible for Information Provided

Person 1 (required):

Scott	Summers	AA/FFD Supervisor	ssumme1@entergy.com
First Name	Last Name	Position Title	Company Email Address

Person 2 (optional):

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.

Locked

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