NP 1.7.16

COLLECTION SITE PROTOCOL

DOCUMENT TYPE:	Administrative
REVISION:	8
EFFECTIVE DATE:	August 10, 2005
APPROVAL AUTHORITY:	Department Manager
PROCEDURE OWNER (title):	Group Head
OWNER GROUP:	Security

CC-51

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1.0 PURPOSE

1.1 This procedure is intended to serve as an outline of specific tasks to be used for urine collection, blood collection and alcohol testing in accordance with the (PBNP) Fitness-For-Duty Program.

2.0 DISCUSSION

2.1 Applicability

This procedure applies to all persons who have applied for or have been granted unescorted access to PBNP or who would report to the Emergency Operations Facility (EOF) as a designated member of the Emergency Response Organization.

2.2 Exemptions

2.2.1 Contractor Security personnel assigned only to the EOF are exempt from this procedure

2.2.2 NRC employees are exempt from this procedure.

2.2.3 Law enforcement personnel, or off-site fire and medical personnel, responding to the PBNP site following an official request for assistance are exempt from this procedure.

2.2.4 Vendors or contractors who have a Fitness For Duty Program in compliance with 10CFR26 and which has been approved and accepted by NMC may not be subject to this procedure.

2.3 Complete an Action Request (AR) form for nonconforming conditions as required by NMC FP-PA-ARP-01, "Action Request Process."

2.4 Definitions

2.4.1 **Aliquot** – A portion of a specimen used for testing.

2.4.2 **BAC** – Blood Alcohol Concentration, which can be measured directly from blood or derived from a measure of the concentration of alcohol in a breath specimen, is a measure of the mass of alcohol in a volume of blood such that an individual with 100 mg of alcohol per 100 ml of blood has a BAC of 0.10 percent.

2.4.3 **Custody and Control** – Procedures to account for the integrity of each specimen by tracking its handling and storage from the point of specimen collection to final disposition of the specimen.

2.4.4 **Collection Site** – A place designated by the licensee where individuals present themselves for the purpose of providing a specimen of their urine, breath, and/or blood to be analyzed for the presence of drugs or alcohol.

NOTE: **In any case where a collection is observed, the observer must be a person of the same gender as the donor.**

2.4.5 **Collection Technician** – A person who instructs and assists individuals at a collection site and who receives and makes an initial examination of the specimen(s) provided by those individuals. A Collection Technician ***shall*** receive initial training to carry out this function or in lieu of training ***shall*** be licensed healthcare professional or technician who is provided instructions for collection.

2.4.6 **Permanent Record Book** – A bound book in which identifying data on each specimen collected at a collection site is permanently recorded in the sequence of collection.

2.4.7 **Reason to Believe** – A rational basis for assuming that a particular individual may alter or substitute the urine specimen.

2.4.8 **Split Sample** – A portion of a urine or blood specimen that may be tested in the event of appeal.

2.4.9 **Positive Test Result (Alcohol)** - The results of two breath analysis results greater than or equal to .04.

2.5 Collection Forms

2.5.1 SEC-237, PBNP Drug And Alcohol Screening Program Instructions And Authorization - form to be signed by all individuals being tested.

2.5.2 SEC-223, PBNP Pre-Access Drug/Alcohol Testing Statement and Authorization - form to be signed by individual being tested for unescorted access authorization to Point Beach Nuclear Plant.

2.5.3 SEC-235, PBNP Witnessing Protocol Urine Collection - form to be completed by CT during urine collection.

2.5.4 SEC-236, PBNP Witnessing Protocol Intoxilyzer 5000 - form is to be completed by the CT during alcohol testing, if using Intoxilyzer 5000.

2.5.5 SEC-236a, PBNP Witnessing Protocol Blood Collection - form to be completed by CT during blood collection.

2.5.6 SEC-236b, PBNP Witnessing Protocol Alco Sensor (RBT-IV) - form to be completed by CT during alcohol testing, if using Alco Sensor (RBT-IV).

2.5.7 SEC-238, PBNP For-Cause Testing Statement and Authorization - form to be signed by individual being tested for-cause.

2.5.8 SEC-238a, PBNP For-Cause/Observed Behavior Record - form is to be completed by CT for for-cause testing.

2.5.9 SEC-239, PBNP Witnessing Protocol Fluid Intake - form to be completed by CT when individuals cannot void 60ml of urine and water is provided.

2.5.10 SEC-226, NMC PBNP FFD Program Administration Personnel Notification Statement – form to be completed by PBNP FFD Program Administration Personnel.

2.5.11 SEC-236c, PBNP Security Witnessing Protocol For-Cause Intoxilyzer 5000 – form is to be completed by security personnel when a for-cause breath alcohol test is being conducted by security.

2.5.12 SEC-258, LSG/C Worksheet – form to be completed by FFDPM or designee when drug screen results indicate low specific gravity or creatinine results.

2.5.13 SEC-259, NMC PBNP FFD Program Administration Personnel BOP Requirements – form to completed by supervisor of FFD Program Personnel who has not completed NMC Plant Access Training.

2.5.14 SEC-265, FFD Program Administration Personnel – table to be completed by FFDPM or designee tracking completion of appropriate required elements for FFD Program Administration Personnel.

NOTE: If an individual discloses, either verbally or in writing that they are using or have been using illegal drugs or controlled substances, within the past 30 days, then immediately notify the FFD Program Manager (FFDPM).

NOTE: When administering pre-access, random, for-cause or follow-up test, BOTH THE URINE COLLECTION AND THE ALCOHOL BREATH TEST MUST BE DONE. BOTH TESTS MUST ALWAYS BE COMPLETED FOR THE DRUG/ALCOHOL TEST TO BE VALID.

Example 1: If an individual is being tested for-cause due to the odor of alcohol on his/her breath, it is NOT acceptable to perform just the alcohol breath test. The urine collection must also be done.

Example 2: If an individual is providing a second urine sample at a later date per the request of the Medical Review Officer, it is NOT acceptable to perform just the urine collection. The alcohol breath test must also be done.

In the event that an individual cannot perform an alcohol breath test due to medical reasons, a blood specimen *shall* be drawn.

3.0 RESPONSIBILITIES

3.1 Collection Technician (CT)

The CT ***shall*** ensure:

3.1.1 Steps for collection are followed properly to obtain accurate test results.

Prior to the beginning of each collection period, the CT ***shall*** ensure:

3.1.2 At least two (2) breath alcohol machines are ready for operation prior to subjects reporting for testing, ensuring,

- Equipment is functioning in accordance with applicable operating instructions.
- Necessary supplies are available.

4.0 PROCEDURE

4.1 Breath Alcohol Machine, Maintenance and Repair

INTOXILYZER 5000

4.1.1 Instrument set up and normal operation requires that the Intoxilyzer(s) be checked by the CT for calibration at the beginning of each test day.

4.1.2 Calibration of Intoxilyzer breath-alcohol testing device can be completed by:

a. Check the expiration date of the Intox-II simulator solution. If expired, change the solution.

b. If not powered up, turn on the power switch for the Intoxilyzer and the Intox-II simulator;

c. On the keyboard of the Intoxilyzer, touch escape key twice quickly. When the screen changes to "ENTER B, C, D, P, E,?," type "C" and "RETURN;"

d. Insert a test record card. The Intoxilyzer will perform a programmed calibration sequence;

e. Ensure the result of the calibration check is between 0.095 and 0.105 when using .10 solution, and between 0.035 and 0.045 when using the .04 solution.

f. Ensure the temperature range on the simulator solution is between 33.8 and 34.2 degrees;

g. Write simulator solution temperature and lot number on test record card;

- Sign or initial the test record card and forward the card to the FFDPM.

4.1.3 If the Intoxilyzer does NOT pass the calibration test do the following:

a. Re-set or re-power the machine.

b. Check the hoses for accumulated moisture;

c. Ensure the impeller blade is spinning in the simulator solution tank;

d. Change the simulator solution;

e. Perform another calibration test.

4.1.4 If the Intoxilyzer fails repeated attempts to calibrate:

a. Take the appropriate Intoxilyzer out of service and notify the FFDPM.

b. Do NOT return the Intoxilyzer to service until instructed by the maintenance individual or NMC PBNP FFDPM.

4.1.5 The NMC PBNP FFDPM *shall* ensure that a qualified maintenance individual maintains the Intoxilyzer and that the individual:

a. Checks each Intoxilyzer for critical operating characteristics nominally every 3 months;

b. The simulator solution is replaced during each quarterly inspection;

c. Records are kept of all preventive maintenance, with the records being subject to audit.

AS-RBT-IV Accuracy Check, Maintenance, and Repair

4.1.6 Instrument set up and normal operation requires that AS-RBT-IV's be checked by the CT for accuracy checks at the beginning of each test day.

4.1.7 Accuracy check of AS-RBT-IV breath alcohol testing device can be completed by:

a. Check the expiration date on the dry gas tank. If expired, replace with a new dry gas tank.

NOTE: When handling the dry gas tank, the CT *shall* wear safety glasses and carry the dry gas tank with two hands.

b. Press the "On" key on the AS-RBT-IV.

c. Make sure at least two minutes have elapsed since the last positive test.

d. Press the "3" or STAND" key.

e. The AS-RBT-IV will display "ENTER ID #. Enter the dry gas value (this is determined by using the True Cal device attached to the dry gas tank - usually 0.37).

f. Press "ENTER" then press "YES".

g. Insert a mouthpiece into AS-RBT-IV and attach to dry gas regulator.

h. Wait for AS-RBT-IV to display, "CHEK" or "RBT" while the air blank is being conducted.

i. When "CHEK" is displayed, or when "RBT" is displayed when using a yellow coded (0.00) AS-RBT-IV, introduce the dry gas into the AS-RBT-IV by pressing the button on the dry gas regulator for 7 seconds. On the 6th second press the "manual" button on the AS-RBT-IV and on the 7th second release the button on the regulator.

j. Allow the AS-RBT-IV to process the sample.

k. The result needs to be within ± .005 of the value indicated on the Tru-Cal device.

l. When "SET" is displayed on the AS-RBT-IV press the "SET" button, then press the red "EJECT" button. The mouthpiece will eject and the results will print out.

m. Record all information into the calibration log book.

4.1.8 If the AS-RBT-IV fails the accuracy check:

a. Consult the AS-RBT-IV operator manual for possible troubleshooting items (i.e., low battery, mouthpiece not set properly, loose connections, etc.).

b. Attempt to complete accuracy check again

c. If accuracy check continues to fail, take the appropriate AS-RBT-IV out of service and notify the FFDPM.

d. Do **NOT** return the AS-RBT-IV to service until instructed by the FFDPM.

4.1.9 The FFDPM will ensure that the qualified maintenance individual maintains the AS-RBT-IV and that:

a. Every two years the AS-RBT-IV is examined, preventive maintenance is performed and the AS-RBT-IV is recertified by the manufacturer.

b. Records are kept of all preventative maintenance, with the records being subject to audit.

4.2 Breath and Blood Specimen Acquisition

4.2.1 The collection tech ***shall***:

a. Ensure the individual being tested provides a valid picture identification, such as a NMC badge, passport or valid government issued photo identification.

b. Ask the individual to read and complete Form SEC-237. For pre-access or pre-placement personnel, have the individual also complete SEC-223.

c. CT ***shall*** complete SEC-236 if using the Intoxilyzer 5000 or SEC-236b if using the AS-RBT-IV during the collection process.

d. Completion of SEC-237 will provide information indicating whether or not the individual being tested has had any source of mouth alcohol or other substances ingested within the 15 minutes before being tested. If there is an indication that the person being tested has had any source of mouth alcohol from (e.g., breath fresheners, mouthwash, etc.) or any other substances have been ingested (e.g., eating, smoking, regurgitation of stomach contents from vomiting or burping), alcohol breath test ***shall*** be delayed for at least 15 minutes and documented in the Permanent Record Book.

NOTE: If required to wait, the urine specimen can be collected.

e. If the individual refuses to sign any form, alters a form, or is uncooperative in any way, contact the FFDPM immediately.

f. If using the Intoxilyzer 5000 place Dip Switch 7 in the **DOWN** position unless:

- Performing a "For-Cause" test, or
- Testing a member of the contract security force.

g. Breath alcohol testing ***shall*** minimally include an initial screening test. If the initial screen indicates a positive (breath-alcohol level equal to or greater than .04%BAC), a confirmatory screen ***shall*** be completed on a different breath alcohol machine within 10 minutes following completion of the initial screen.

h. Each screening test ***shall*** consist of two breath specimens, collected from each subject, no less than 2 minutes apart and no more than 10 minutes apart. Failure to meet this time requirement ***shall*** result in beginning the test process over.
   1. The test results ***shall*** be considered valid if the result of each measurement is within 10% of the average of the two.
   2. If the two measurements do not agree, another screening test ***shall*** be completed on a different breath alcohol machine.
   3. When there is reason to believe a subject is being uncooperative (e.g., failing to fully expire breath, repeated burping, belching, etc.), the FFDPM or designee ***shall*** be contacted for further instructions.

i. The test ***shall*** be considered positive if the confirmatory test indicates a breath alcohol level equal to or greater than .04% BAC

j. If there is any reading indicating a BAC measurement on an alcohol test, contact the FFDPM immediately. The subject should be kept in the testing area. If the subject refuses to stay, do not attempt to physically restrain them.

k. If using an Intoxilyzer 5000, write on each test record card the temperature and lot number of the respective simulator solution.

l. If the breath alcohol machine is NOT functioning properly, take it out of service and notify the FFDPM.

4.2.2 Breath analysis test results:

a. For **FAILED (POSITIVE)** test results, 0.040 or above;

- If the individual is an employee of NMC or WE, who is represented, the individual *shall* be advised that they have the right to a union representative to be present if they desire.
- If individual is an employee of a contractor, and the individual requests a union representative be present, honor the request.
- Inform the individual of the option to have blood drawn as further confirmation. The CT *shall* make no attempt to influence the individual with respect to the decision.
- CT *shall* fill out Form SEC-236a if blood is drawn.
- Initiate a custody and control form if blood is drawn in adherence to collection site instructions.
- Record the results of the **FAILED** breath test in the permanent record book.
- Record the drawing of the blood specimen in the permanent record book if applicable.
- Notify the FFDPM of the positive test result.
- Call the individual's supervisor to report to the test facility. It is important that the individual's supervisor or employer be notified to ensure the safe return of the individual to their home.
- Provide the individual with a copy of each test record.
- Have the individual wait until the supervisor arrives. If the individual wants to leave the collection site and drive home, inform the individual it may then be necessary to notify local law enforcement for the protection of the individual and the community.
- Forward a copy of each test to the FFDPM.

b. For **PASS (NEGATIVE)** test results, 0.039 and below;

- Provide one copy of each test record to the individual tested.
- Forward a copy of each test to the MRO with associated paperwork.

4.3 Urine Specimen Acquisition

Review any MRO directives for individuals tested. Look for instructions to observe the acquisition of specimens. MRO-ordered observation does **NOT** require supervisory approval.

4.3.1 Prepare the collection site to deter dilution of urine specimens.

a. Ensure a toilet bluing agent is present in the toilet tank.

b. Flush the toilet once, if necessary, to ensure proper transfer of the bluing agent from the reservoir to the toilet bowl.

c. Verify no other sources of water exist in the enclosure where urination occurs.

4.3.2 Upon arrival at the collection facility:

NOTE: If an individual discloses, either verbally or in writing that they are using or have been using illegal drugs or controlled substances, within the past 30 days, then immediately notify the FFDPM.

a. The donor ***shall*** read and sign SEC-237.

b. The CT ***shall*** fill out form SEC-235.

4.3.3 The CT ***shall***:

a. Positively identify donor by:

- Verifying a valid picture identification, such as a NMC badge, passport or valid government issued photo identification.

b. **NOT** proceed with collection until positive identification is made.

c. Remind subject to remove any outer garments such as a coat or jacket and leave briefcase, purse, etc. or anything that might conceal items or substances capable of tampering or adulterating specimens outside the restroom.

d. Direct donor to place contents of pockets (including wallet) in a safe container. Provide a receipt for personal belongings if requested.

4.3.4 The donor ***shall***:

a. Remove any unnecessary outer garments, such as coats or jackets.

b. Remove contents of pockets as directed by the CT.

c. Randomly select one urine kit and ensure that the urine collection kit is intact.

d. Open kit and remove all contents as directed by the CT.

4.3.5 The CT ***shall***:

a. Write social security number of the donor in the appropriate section of the Custody and Control Form (CCF).

b. Write specimen ID number on Form SEC-235.

4.3.6 The CT ***shall***:

a. Place an "X" next to the type of test to be completed in the appropriate section of the CCF (random, cause, follow-up, or pre-employment).

b. Place an "X" next to the desired profile or test to be performed on the CCF.

c. Instruct donor to wash and dry hands well before urination.

d. Remain in the presence of the donor:

Ensure the donor does <u>NOT</u> have access to a water fountain, faucet, soap dispenser, cleaning agent, or any other materials which could be used to adulterate the specimen.

e. Observe for soap or other adulterating substances under fingernails, or unusual bulges on the person indicating a concealed sample.

f. Document unusual findings under collector's remarks/observations on CCF.

g. Note unusual findings and actions taken, in the comments section of the permanent record book, SEC-234.

h. Instruct donor to fill the collection cup with a minimum of 60 milliliters (ml) of urine.

NOTE: The time from urination to temperature measurement is critical and in no case shall exceed 4 minutes.

i. Allow donor to provide specimen in the privacy of a stall/restroom.

j. Donor may flush the toilet.

4.3.7 Once urination is complete and donor exits the stall/restroom,

a. The CT ***shall***:

- Obtain the specimen directly from the donor and read the temperature strip within 4 minutes of urination, noting temperature range on CCF and SEC-235.

NOTE: Donor *shall* remain in the presence of the CT until the specimen is sealed with tamper evident tape and subject initials tape verifying the specimen is from him/her.

- Date and seal both containers with specimen ID seals.

- If the temperature is not within 32.5-37.7°C (90.5-99.8°F) the CT ***shall*** proceed to section 4.4 after the specimen is sealed in the specimen container.

NOTE: If the collection container temperature strip indicates the specimen temperature is outside the detectable 91-99°F, donor may request a digital thermometer be used to obtain a reading to the tenths digit.

- Check specimen for tampering or adulteration as indicated in section 4.4.

b. The Donor ***shall***:

- Verify that preprinted specimen ID numbers on CCF match specimen ID numbers on all specimen container seals

- Initial both seals verifying they are secured.

4.3.8 Donor will complete the disclosure on the MRO copy of the CCF by reading and signing after witnessing the sealing procedure and verifying all information.

4.3.9 If a designated collection site is inaccessible and there is an immediate requirement for urine specimen collection (e.g., an accident investigation) a public or alternate on-site restroom may be used when the following precautions are taken:

a. A CT of the same gender as the individual submitting the specimen ***shall*** accompany the individual into the restroom.

b. The restroom ***shall*** be made secure during the collection procedure.

c. If possible, a toilet bluing agent ***shall*** be placed in the bowl and any accessible toilet tank.

If no bluing agent is available to deter specimen dilution, the CT ***shall*** instruct the individual NOT to flush the toilet until the specimen is delivered to the CT and sealed. If donor flushes the toilet prior to delivering the specimen to the CT, contact the FFDPM.

d. The CT ***shall*** remain in the restroom, but outside the stall, when practical, until the specimen is collected.

e. After the CT has possession of the specimen and the specimen is sealed, continue the collection process at step 4.3.7.

4.4 Suspected Specimen Tampering, Adulteration or Out of Range Temperature

4.4.1 Immediately after a urine specimen is collected, the CT ***shall*** inspect the specimen for signs of contaminants and determine if the specimen color and amount are correct and document assessment of findings on CCF and document color and temperature on Form SEC-235.

4.4.2 If the CT suspects specimen tampering or adulteration as indicated in section 4.4.4 immediately contact the FFDPM.

4.4.3 The MRO and FFDPM ***shall*** review and concur in the decision to perform an observed collection. A second specimen ***shall*** be collected as an observed specimen by a CT of the same gender.

4.4.4 The following are the exclusive grounds constituting reason to believe the individual altered or substituted a urine specimen:

a. If the urine specimen temperature is outside of a range of 32.5-37.7°C (90.5-99.8°F). Prior to a second collection, the collector ***shall*** offer the subject the opportunity to volunteer to have an oral temperature taken to provide evidence to counter the reason to believe the specimen was altered or substituted. The oral temperature ***shall*** be noted in the permanent record book and on the CCF and ***shall*** be available to the MRO for review. If the subject declines taking an oral temperature or the oral temperature is unacceptable per the MRO, a second specimen ***shall*** be collected under direct observation of a same gender collector and both specimens ***shall*** be forwarded to the laboratory separately for testing.

b. The last urine specimen provided by the subject on previous occasion was determined by the laboratory to have a specific gravity less than 1.003 or a creatinine concentration below .2g/L. In this case, the laboratory ***shall*** notify the MRO who may request specific measures be taken in future collections to prevent over-hydration (e.g., limit fluid intakes).

- The MRO ***shall*** review all test results that have a low specific gravity (below 1.003) and/or a low creatinine (below .2 g/L) and determine if the subject ***shall*** be recollected, limiting fluids. This collection ***shall*** be same gender observed.

- The MRO ***shall*** consider completed form SEC-258, LSG/C Worksheet, or comparable laboratory forensic scientist recommendation, in determining whether to recollect an observed specimen.

c. The CT observes conduct clearly indicating an attempt to substitute or adulterate the specimen (e.g., substitute urine in plain view, bluing in the specimen).

d. The individual was previously determined to have used a substance inappropriately or without medical authorization and the test is part of a rehabilitation program or on return to service after evaluation and/or treatment resulting from a confirmed positive test.

4.4.5 Details of adulterant or tampering incidents ***shall*** be recorded in the permanent record book and on the CCF.

4.4.6 All specimens collected ***shall*** be forwarded to the laboratory for analysis. A CCF ***shall*** accompany each specimen.

4.5 If Urine Sample DOES NOT Contain 60ml.

4.5.1 The CT *shall*:

a. Record the specimen temperature and color.

b. Record date and specimen ID number on tamper evident tape. Seal container with the tamper evident tape in presence of donor.

4.5.2 The donor *shall*:

a. Verify that preprinted specimen ID number on CCF matches specimen ID number on the specimen container seal.

b. Initial the seal verifying the container is secured.

4.5.3 Donor may be allowed to intake additional fluids totaling 40 oz. within the next three-hour period until the donor is able to provide a specimen.

Record fluid intake on Form SEC-239.

4.5.4 When donor is able to void, continue from Step 4.3.4.

a. Collection technician and donor retrieve initial specimen and verify intactness of seal and matching of specimen ID number.

NOTE: Remember to check temperature on all subsequent samples.

b. If the temperature of the subsequent sample(s) is within acceptable range, combine initial sample with subsequent sample(s) in a collection container.

c. Split 60ml into primary and secondary specimen containers.

4.5.5 If the donor is unable to provide the required amount even after pushing fluid intake for 3 hours:

a. Document quantity obtained, narratively, in permanent record book and under remarks section of laboratory CCF and SEC-239.

b. Forward collection paperwork to MRO and notify MRO for medical evaluation. The MRO *shall*:

- Determine if the donor's inability to void is genuine or constitutes refusal to cooperate.

- Report the conclusions to the NMC PBNP FFDPM in writing.

4.5.6 All specimens with more than 30ml obtained will be split.

4.5.7 Send all specimens to the laboratory for testing.

Specimens and custody and control forms are to be maintained in locked storage until picked up by the courier.

4.6 Custody-And-Control

The specimen ***shall*** remain under the direct control of the collection technician from collection to its being sealed in a mailer or maintained in secure storage for shipment, until mailed.

4.6.1 Custody and control forms ***shall*** be properly executed by authorized collection technician upon receipt of specimens.

4.6.2 Handling and transportation of urine and blood specimens from one authorized individual, or place, to another ***shall*** always be accomplished through chain-of-custody.

4.6.3 Every effort ***shall*** be made to minimize the number of persons handling the specimens.

4.6.4 No unauthorized personnel ***shall*** be permitted in any part of the designated collection site where specimens are collected or stored. Only the collection technician may handle specimens prior to their being secured in the mailing or shipping container.

4.6.5 In order to promote security of specimens, avoid distraction of the collection technician, and ensure against any confusion in the identification of specimens, a collection technician ***shall*** conduct only one collection procedure at any given time.

4.6.6 A urine collection is complete when the specimen container has been sealed, seals verified and initialed by the donor, the chain-of-custody form has been executed, and the individual has departed the collection site.

4.7 Split Samples

A split sample is collected by separating 60ml from the collection container into two separate containers.

4.7.1 Each container ***shall*** contain 30ml minimum.

4.7.2 The split container ***shall*** be properly sealed. The seals verified and initialed by the donor, and sent along with the aliquot to the testing laboratory.

4.8 Split Sample Disposal

4.8.1 Splits that are confirmed negative will be disposed of by the testing laboratory.

4.8.2 Splits determined by the MRO to be confirmed positive ***shall*** be retained in secure frozen storage at the testing laboratory for a minimum of 1 year.

4.9 Submission Of Split Sample To Secondary Lab

If the primary specimen (aliquot) tests positive by confirmatory testing, then, at the tested individual's request, the split sample may be forwarded on that day to the secondary lab, that did **NOT** test the primary specimen.

4.9.1 The FFDPM will receive notification by the MRO indicating that the primary lab will forward the split to the secondary lab.

4.9.2 If the analysis of the split specimen fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, is unavailable (except as waived by subject), inadequate for testing, or not testable, the MRO ***shall***:

a. Cancel the test.

b. Report the cancellation and the reason(s) it was cancelled to the donor and FFDPM.

4.10 Failure to Cooperate

4.10.1 If an individual fails to arrive for a urine or breath test at the assigned time, contact the FFDPM or Access Authorization Member within 30 minutes from the assigned test time, to obtain guidance on the action to be taken.

4.10.2 Any individual who refuses to cooperate with the breath and urine test process (e.g., refusal to provide a complete specimen, complete paperwork, initial specimen) ***shall*** be reported to the FFDPM.

Example: When an individual fails to blow hard and long enough for a breath analysis to be performed, the CT will instruct the individual on the proper technique. The CT will determine a failure to cooperate.

4.10.3 If coaching fails to result in cooperation, the test or collection activity ***shall*** cease and the CT ***shall***:

a. Notify the FFDPM for implementation of management actions and sanctions to be imposed.

b. FFDPM or designee reports the incident to the MRO (in format desired by MRO).

c. Provide written information on the custody and control document explaining the details surrounding the failure to cooperate.

d. Insert a notation in the permanent record book with respect to the failure to cooperate.

4.11 Blind Performance Testing

During the initial 90 day period of any new drug testing program, PBNP ***shall*** submit blind performance test specimens to the primary contracted HHS-certified laboratory. Approximately 80% of the blind specimens ***shall*** be positive for one or more drugs per sample in a distribution such that all the drugs for which PBNP is testing are included in approximately equal frequencies of challenge.

4.11.1 The individual submitting the blind specimens ***shall***:

a. Complete a custody and control (CCF) form for each blind specimen submitted. The CCF ***shall***:

- Include a fictitious donor social security number that does not correlate to the specimen ID number in any way.

- Not indicate to the laboratory that the specimen is a blind performance test.

b. Include blind performance test specimen contents on the MRO CCF copy.

4.12 FFD Program Administration Personnel

4.12.1 The following personnel ***shall*** be considered FFD program administration personnel:

- NMC Access Manager,
- FFD Program Manager
- NMC Security section members performing random selection and/or notification,
- Drug and alcohol specimen collectors
- NMC Medical Review Officers
- IT personnel supporting random testing.

4.12.2 A **non-medical** collection technician ***shall*** receive training in compliance with this procedure and ***shall*** demonstrate proficiency in the application of this procedure prior to serving as a collection technician.

4.12.3 FFD Program Administration Personnel ***shall*** be:

- Psychologically evaluated and background investigated prior to performing assigned duties and once every three years thereafter.
- Subject to a behavior observation program. Supervisors of FFD Program Administration Personnel ***shall*** complete NMC Plant Access Training or Form SEC-259.
- Required to complete SEC-226, NMC PBNP FFD Program Administration Personnel Notification Statement.

4.12.4 The FFDPM ***shall*** record completion of section 4.12.3 requirements on SEC-265, FFD Program Administration Personnel.

4.12.5 Supervisors, coworkers (within immediate work-group), and relatives of individuals being tested ***shall*** not perform any collection, assessment, or evaluation procedures.

5.0 REFERENCES

5.1 SEC-237, "PBNP Drug And Alcohol Screening Program Instructions And Authorization"

5.2 SEC-223, "PBNP Pre-Access Drug/Alcohol Testing Statement And Authorization"

5.3 SEC-235, "PBNP Witnessing Protocol: Urine Collection"

5.4 SEC-236, "PBNP Witnessing Protocol: Intoxilyzer 5000"

5.5 SEC-236a, "PBNP Witnessing Protocol: Blood Collection"

5.6 SEC-238, "PBNP For-Cause Testing Statement and Authorization"

5.7 SEC-238a, "PBNP For-Cause/Observed Behavior Record"

5.8 SEC-239, "PBNP Witnessing Protocol: Fluid Intake"

5.9 NP 1.7.5, "Fitness For Duty Policy and Procedure"

5.10 Operating Manual, Intoxilyzer 5000

5.11 SEC-234, "WE Nuclear Permanent Record Book"

5.12 NP 1.7.17, "Fitness For Duty – Continual Behavior Observation Program"

5.13 SEC-226, "NMC PBNP FFD Program Administration Personnel Notification Statement"

5.14 10 CFR 26, "Fitness For Duty Programs"

5.15 SEC-234a, "WE Permanent Record Book Instructions"

5.16 SEC-236b, "PBNP Witnessing Protocol: Alco Sensor (RBT- IV)"

5.17 SEC-236c, "PBNP Security Witnessing Protocol For-Cause: Intoxilyzer 5000"

5.18 SEC-106, PBNP Security Instructions Fitness For Duty For-Cause Testing"

5.19 SEC-258, "LSG/C Worksheet"

5.20 SEC-259, "NMC PBNP FFD Program Administration Personnel BOP Requirements"

5.21 SEC-265, "PBNP FFD Program Administration Personnel"

6.0 BASES

B-1 QCR 93-008, Insufficient information requested by consent for testing form.

B-2 QCR 93-009, Chain of custody.

B-3 QCR 94-047, Chain of custody not maintained.

B-4 QCR 98-0254, Disposal of split samples.

B-5 CR 92-389, Blind submission less than 10%.

B-6 PBNP, QCR 98-0257, FFD policy and procedures not addressing all requirements

B-7 PBNP, CR 92-390, No protocol for blood test specimen acquisition

B-8 PBNP, QCR 94-040, Collection technician training records

B-9 PBNP, QCR 93-010, Untimely evaluations for collection technicians