

Nuclear Fuel Services. Inc. 1205 Banner Hill Road Erwin, TN 37650

(423) 743-9141

www.nuclearfuelservices.com

July 27, 2007

CERTIFIED MAIL RETURN RECEIPT REQUESTED

> GOV-01-55-04 ACF-07-0227 22T-07-0203

Director

Office of Nuclear Fuel Materials Safety and Safeguards

ATTENTION: Document Control U. S. Nuclear Regulatory Commission Washington, DC 20555

Reference: Document No. 70-173; License SNM-124

Dear Sir:

As required by 10 CFR 26, Section 26.71, enclosed is the Fitness for Duty Program Performance Data Report for the Reporting Period of January 1, 2007 through June 30, 2007.

If you need additional information, please contact me or H. Kyle Dover, Labor Relations Director at (423) 743-1744. Please use our unique document identification number 22T-07-0203 in any correspondence concerning this letter.

Sincerely.

NUCLEAR FUEL SERVICES, INC.

B. Marie Moore

Vice President

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cc: Regional Administrator

U. S. Nuclear Regulatory Commission

Region II

Atlanta Federal Center 61 Forsyth Street, SW

Suite 23T85

Atlanta, GA 30303

Mr. Manual Crespo Project Inspector

U. S. Nuclear Regulatory Commission

Region II

Atlanta Federal Center

61 Forsyth Street, SW

Suite 23T85

Atlanta, GA 30303

NRC Resident Inspector U. S. Nuclear Regulatory Commission

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FITNESS FOR DUTY PROGRAM PERFORMANCE DATA

Date: July 18, 2007

Reporting Period:

NUCLEAR FUEL SERVICES, INC., 1205 BANNER HILL ROAD ERWIN, TENNESSEE 37650

January 1, 2007 thru June 30, 2007

(423) 743-1738

ATTENTION: Douglas M. Buck

VP- Human Resources

Douglas M Buch 7/20/07
Approvat Date

Cutoffs: Screen/Confirmation (ng/ml)

Re: Appendix A to 10 CFR 26

Marijuana

50/15

Amphetamines

1000/500

Cocaine

300/150

Phencyclidine

25/25

Opiates

300/300

Alcohol (%BAC)

.04%

PRE-ACCESS TESTING RATE = 100% OF ELIGIBLE POPULATION RANDOM TESTING RATE = 50% OF ELIGIBLE POPULATION OTHER TESTING RATE = AS REQUIRED

| OTHER TESTING RATE - AS REQUIRED | | | | | | | | |
|----------------------------------|----------|----------|--------|----------|--------|----------|--|--|
| | LICENSEE | | | RACTOR | VENDOR | | | |
| | EMPL | OYEES | PERS | ONNEL | | | | |
| | # | # | # | # | # | # | | |
| CATEGORIES | TESTED | POSITIVE | TESTED | POSITIVE | TESTED | POSITIVE | | |
| Pre-Access | 24 | 0 | 20 | 0 | 0 | 0 | | |
| For Cause | _2 | 0 | 0 | 0 | 0 | 0 | | |
| | 15 | 1 | 5 | 0 | 0 | 0 | | |
| Post | | | | | | | | |
| Accident | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Observed | | | | | · | | | |
| Behavior | | | | | | | | |
| Random | 182 | 0 | 52 | 1 | 0 | 0 | | |
| Follow-up | 4 | 0 | 0 | 0 | 0 | 0 | | |
| Other (Return | 226 | 0 | 24 | 0 | 0 | 0 | | |
| to Duty) | | | | | | | | |
| SUBTOTALS | 453 | _1 | 101 | 1 | 0 | 0 | | |

CONFIRMED POSITIVE TESTS FOR SPECIFIC SUBSTANCES

| | Marijuana | Cocaine | Opiates | Amphetamines | Phencyclidine | Alcohol | Refusal to Test |
|---------------|-----------|---------|---------|--------------|---------------|---------|-----------------|
| NFS Employees | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contractors | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vendors | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 |

BLIND SAMPLING PERFORMANCE

| Month | Marijuana | Cocaine | Opiates | Amphetamines | Phencyclidine | Blank |
|---------------|-----------|---------|---------|--------------|---------------|-------|
| January 2007 | 0 | 2 | 0 | 0 | 0 | 10 |
| February 2007 | 0 | 0 | 0 | 0 | 1 | 7 |
| March 2007 | 0 | 0 | 1 | 1 | 0 | 7 |
| April 2007 | 1 | 0 | 0 | 0 | 0 | 9 |
| May 2007 | 0 | 0 | 0 | 1 | 1 | 7 |
| June 2007 | 0 | 0 | 0 | 0 | 0 | 7 |
| TOTAL | 1 | 2 | 1 | 2 | 2 | 47 |

Total # of Blinds 55

SUMMARY OF MANAGEMENT ACTIONS

| | Suspe | ension | EAP R | eferrals | Follow-u | p Program | Termi | nations | App | peals |
|------------|-------|---------|-------|----------|----------|-----------|-------|----------|-----|--------|
| | THC | Cocaine | No. | Reason | No. | Reason | No. | Reason | No. | Reason |
| Employee | - | | | | | | | Post | | |
| | 0 | 0 | 0 | | 0 | | 1 | Accident | 0 | |
| | | | | | | | | Test | | |
| | | | | | | | | Positive | | |
| | | | | | | | | Result | | |
| Employee | | | | | | | | | | |
| | 0 | 0 | 0 | | 0 | | 0 | | 0 | |
| Contractor | | | | | | | | Random | | |
| | 0 | 0 | 0 | | 0 | | 1 | Test | 0 | |
| | | | | | | | | Positive | | |
| | | | | | | | | Result | | |
| Vendor | | | , | | | | | | | |
| | 0 | 0 | 0 | | o | | 0 | | 0 | |
| | | | | | | | - | | | |
| | | | | | | | | | | |
| TOTAL | 0 . | 0 | 0 | | 0 | | 2 | | 0 | |

EVENTS REPORTED

| EVENT | DATE OCCURRED (REPORTED) | REMARKS |
|-------|--------------------------|---------|
| | | |