



DEC 07 2007

10CFR73.71

LR-N07-0309

United States Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555-001

Hope Creek Generating Station Unit 1  
Facility Operating License No. NPF-57  
Docket No. 50-354

Subject: Licensee Event Report 2007-005-00

In accordance with 10CFR73.71(d), PSEG Nuclear LLC, is submitting Licensee Event Report Number 2007-005-00, Docket No. 50-354.

Should you have any questions concerning this letter, please contact Mr. Philip J. Duca at (856) 339-1640. There are no regulatory commitments contained in this report.

Sincerely,

A handwritten signature in cursive script that reads "Paul J. Dawson for".

John F. Perry  
Plant Manager  
Hope Creek Generating Station

Attachment: Licensee Event Report

IE74  
NRR

cc: Mr. S. Collins, Administrator - Region 1  
U.S. Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406

Mr. James E. Dyer, Director, Office of Nuclear Reactor Regulation  
U.S. Nuclear Regulatory Commission  
Mail Stop - OWFN -13 D13  
Washington, DC 20555-0001

Mr. Michael F. Weber, Office of Nuclear Material Safety and Safeguards  
U.S. Nuclear Regulatory Commission  
Mail Stop - EBB -EBB 1  
Washington, DC 20555-0001

Mr. Daniel H. Dorman, Director, Division of Nuclear Security Operations, Office  
of Nuclear Security and Incident Response  
U.S. Nuclear Regulatory Commission  
Mail Stop - TWFN - 3 D21  
Washington, DC 20555-0001

Mr. R. Ennis, Licensing Project Manager - Hope Creek  
U.S. Nuclear Regulatory Commission  
Mail Stop - OWFN - 8 B3  
Washington, DC 20555-0001

USNRC Resident Inspector office - Hope Creek (X24)

Mr. P. Mulligan, Manager IV (Acting)  
Bureau of Nuclear Engineering  
PO Box 415  
Trenton, New Jersey 08625

# LICENSEE EVENT REPORT (LER)

(See reverse for required number of digits/characters for each block)

Estimated burden per response to comply with this mandatory collection request: 50 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Records and FOIA/Privacy Service Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an 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. FACILITY NAME Hope Creek Generating Station	2. DOCKET NUMBER <b>05000354</b>	3. PAGE 1 OF 3
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4. TITLE  
Lab Error Resulting in Inappropriate Access Authorization

5. EVENT DATE			6. LER NUMBER			7. REPORT DATE			8. OTHER FACILITIES INVOLVED	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO.	MONTH	DAY	YEAR	FACILITY NAME	DOCKET NUMBER
10	09	2007	2007	- 005 -	00	12	07	2007	Salem Generating Station Unit 1	50-272
									Salem Generating Station Unit 2	50-311

9. OPERATING MODE  1	11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR§: (Check all that apply)																																				
10. POWER LEVEL  88%	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 20.2201(b)</td> <td><input type="checkbox"/> 20.2203(a)(3)(i)</td> <td><input type="checkbox"/> 50.73(a)(2)(i)(C)</td> <td><input type="checkbox"/> 50.73(a)(2)(vii)</td> </tr> <tr> <td><input type="checkbox"/> 20.2201(d)</td> <td><input type="checkbox"/> 20.2203(a)(3)(ii)</td> <td><input type="checkbox"/> 50.73(a)(2)(ii)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(viii)(A)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(1)</td> <td><input type="checkbox"/> 20.2203(a)(4)</td> <td><input type="checkbox"/> 50.73(a)(2)(ii)(B)</td> <td><input type="checkbox"/> 50.73(a)(2)(viii)(B)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(i)</td> <td><input type="checkbox"/> 50.36(c)(1)(i)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(iii)</td> <td><input type="checkbox"/> 50.73(a)(2)(ix)(A)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(ii)</td> <td><input type="checkbox"/> 50.36(c)(1)(ii)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(iv)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(x)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(iii)</td> <td><input type="checkbox"/> 50.36(c)(2)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(A)</td> <td><input type="checkbox"/> 73.71(a)(4)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(iv)</td> <td><input type="checkbox"/> 50.46(a)(3)(ii)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(B)</td> <td><input checked="" type="checkbox"/> 73.71(a)(5)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(v)</td> <td><input type="checkbox"/> 50.73(a)(2)(i)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(C)</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(vi)</td> <td><input type="checkbox"/> 50.73(a)(2)(i)(B)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(D)</td> <td style="font-size: small;">Specify in Abstract below or in NRC Form 366A</td> </tr> </table>	<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(vii)	<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)	<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)	<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 73.71(a)(4)	<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input checked="" type="checkbox"/> 73.71(a)(5)	<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> OTHER	<input type="checkbox"/> 20.2203(a)(2)(vi)	<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	Specify in Abstract below or in NRC Form 366A
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**12. LICENSEE CONTACT FOR THIS LER**

FACILITY NAME Philip J. Duca, Compliance Engineer	TELEPHONE NUMBER (Include Area Code) 856-339-1640
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**13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT**

CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX
N/A					N/A				

14. SUPPLEMENTAL REPORT EXPECTED <input type="checkbox"/> YES (If yes, complete 15. EXPECTED SUBMISSION DATE) <input checked="" type="checkbox"/> NO	15. EXPECTED SUBMISSION DATE MONTH:      DAY:      YEAR:
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ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)

On October 4, 2007 a pre-access Fitness for Duty (FFD) specimen collection/test performed on a supplemental person identified a "presumptive positive" test result for THC (cannabinoids) results higher than 50 ng/ml. The specimen was forwarded to an offsite laboratory for confirmation. On October 6, 2007 the onsite FFD analyst received the laboratory's report stating that the test was negative for THC (at test cut-off of 100 ng/ml). Based on this report the supplemental person was granted unescorted access on October 9, 2007. On October 11, 2007 an amended (FFD) drug test report was received documenting a "positive" THC result for the previously reported "negative" THC test. The individual was removed from the protected area and was denied unescorted access. A one-hour report was made to the NRC in accordance with 73.71(b)(1). A work performance investigation determined that the individual did not perform any safety related work. A lab error caused the individual's sample to be initially tested at the incorrect THC cut-off level of 100 ng/ml instead of 50 ng/ml required by PSEG.

Corrective actions for the event consisted of removal of the individual from the protected area along with denial of unescorted access; replacement of the laboratory by another certified lab; and, revision of PSEG procedures to assure THC cut-off levels are reviewed. This report is being submitted pursuant to the requirement of 10CFR 73.71.

**LICENSEE EVENT REPORT (LER)**

FACILITY NAME (1)	DOCKET (2)	LER NUMBER (6)			PAGE (3)
Hope Creek Generating Station	05000354	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	2 OF 3
		2007	00 5	00	

TEXT (If more space is required, use additional copies of NRC Form 366A) (17)

**PLANT AND SYSTEM IDENTIFICATION**

Hope Creek - General Electric – Boiling Water Reactor (BWR/4)  
Salem 1 and 2 – Westinghouse – Pressurized Water Reactor (PWR/4)

**IDENTIFICATION OF OCCURRENCE**

Event Date: October 09, 2007  
Discovery Date: October 11, 2007

**CONDITIONS PRIOR TO EVENT**

Hope Creek was in Mode 1 with reactor power at approximately 88%  
Salem Units 1 and 2 were in Mode 1 with reactor power at approximately 100%.

**DESCRIPTION OF EVENT**

On October 4, 2007 a pre-access Fitness for Duty (FFD) specimen collection was performed on a supplemental person. The sample presented was within normal limits for color, odor, temperature and specific gravity. The specimen was tested on site for cannabinoids (THC) at 50 ng/ml. The test yielded results higher than the 50 ng/ml calibrator for THC. Per procedure, the sample was deemed a “presumptive positive” test result. The specimen was forwarded to an offsite laboratory for additional testing. The supplemental person’s access was placed on temporary hold pending confirmatory testing results.

On October 6, 2007 the onsite FFD analyst received the laboratory’s report for the above-mentioned specimen. The specimen identification was verified as matching the original sample. The report for the confirmatory test documented negative for THC; however, the report indicated that the test cut-off level for THC was 100 ng/ml. The section of the report that identifies the cut-off levels for each drug tested was not reviewed, rather the results section for the drug screening was reviewed. The report was initialed by the FFD analyst and entered into the Integrated Nuclear Security System (INSS) database currently used at Salem/Hope Creek. Based on the report results, the individual was granted unescorted access on October 9, 2007.

An “amended” report was received on October 11, 2007 (for this same individual). The FFD analyst verified the specimen number was the same as the report from October 6, 2007. This report indicated different test results for THC, (i.e. the report documented the results were positive for THC (using 50 ng/ml as the cut-off level)).

The Manager of Access Authorization was notified. The individual’s badging status was placed on hold and the individual was removed from the site. The Medical Review Officer (MRO) interviewed the individual. The MRO declared the result “positive” and the individual’s access was immediately denied. A one-hour report was made to the NRC in accordance with 73.71(b)(1).

A work performance investigation determined that the individual did not perform any safety related work during the period granted unescorted access.

**LICENSEE EVENT REPORT (LER)**

FACILITY NAME (1)	DOCKET (2)	LER NUMBER (6)			PAGE (3)
Hope Creek Generating Station	05000354	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	3 OF 3
		2007	005	00	

**EXTENT OF CONDITION**

The laboratory performed a review of all samples submitted since September 1, 2007. No other specimens were identified as being processed with the incorrect cut-off level. PSEG reviewed THC cases from January 1, 2007 to October 11, 2007. All cases were tested at the 50 ng/ml cut-off.

**CAUSE OF EVENT**

A lab error caused the individual's sample to be initially tested at a THC cut-off level of 100 ng/ml instead of the 50 ng/ml cut-off level required by PSEG Nuclear procedures. The lab discovered the error on October 6, 2007 and a second test was ordered at the correct level of 50 ng/ml; however, the original test results were forwarded to PSEG without noting the error.

**CORRECTIVE ACTIONS**

The individual was removed from the protected area; the Medical Review Officer (MRO) performed a review; and the individual was denied unescorted access.

The laboratory has been replaced by another certified lab.

PSEG Nuclear procedures have been revised to assure cut-off levels are reviewed for each reported result.

**PREVIOUS SIMILAR EVENTS**

No similar occurrences have been identified.

**COMMITMENTS**

This report contains no commitments.

LER	
Identification (item being reviewed)	NA or Y/N
Content (peer reviewer)	
o A brief abstract describing the major occurrences during the event, including all component or system failures that contributed to the event and significant corrective action taken or planned to prevent recurrence.	o Y
o A clear, specific, narrative description of what occurred so that knowledgeable readers conversant with the design of commercial nuclear power plants, but not familiar with the details of a particular plant, can understand the complete event.	o Y
o Plant operating conditions before the event.	o Y
o Status of structures, components, or systems that were inoperable at the start of the event and that contributed to the event.	o N/A
o Dates and approximate times of occurrences.	o Y
o The cause of each component or system failure or personnel error, if known.	o Y
o The failure mode, mechanism, and effect of each failed component, if known.	o Y
o The Energy Industry Identification System component function identifier and system name of each system referred to in the LER.	o N/A
o The Energy Industry Identification System component function identifier and system name of each component referred to in the LER.	o N/A
o For failures of components with multiple functions, include a list of systems or secondary functions that were also affected.	o N/A
o For failure that rendered a train of a safety system inoperable, an estimate of the elapsed time from the discovery of the failure until the train was returned to service.	o N/A
o The method of discovery of each component or system failure or procedural error.	o Y
o Operator actions that affected the course of the event, including operator errors, procedural deficiencies, or both, that contributed to the event.	o N/A
o For each personnel error, the licensee shall discuss: (i) Whether the error was a cognitive error (e.g., failure to recognize the actual plant condition, failure to realize which systems should be functioning, failure to recognize the true nature of the event) or a procedural error;	o Y
o Whether the error was contrary to an approved procedure, was a direct result of an error in an approved procedure, or was associated with an activity or task that was not covered by an approved procedure;	o Y
o Any unusual characteristics of the work location (e.g., heat, noise) that directly contributed to the error; and	o Y
o The type of personnel involved (i.e., contractor personnel, licensed operator, nonlicensed operator, other licensee personnel).	o Y
o Automatically and manually initiated safety system responses.	o N/A
o The manufacturer and model number (or other identification) of each component that failed during the event.	o N/A
o An assessment of the safety consequences and implications of the event. This assessment must include the availability of other systems or components that could have performed the same function as the components and systems that failed during the event.	o N/A
o A description of any corrective actions planned as a result of the event, including those to reduce the probability of similar events occurring in the future.	o Y