



**FEB 18 2011**

LR-N11-0058

10CFR 26.203(e)  
10CFR 26.717

United States Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555-0001

SALEM GENERATING STATION – UNIT 1 and UNIT 2  
FACILITY OPERATING LICENSE NOS. DPR 70 and DPR-75  
NRC DOCKET NOS. 50-272 and 50-311

HOPE CREEK GENERATING STATION  
FACILITY OPERATING LICENSE NO. NPF-57  
NRC DOCKET NO. 50-354

Subject: ANNUAL REPORT OF FITNESS FOR DUTY (FFD) PERFORMANCE  
DATA

In accordance with the requirements of 10 CFR 26.203(e) and 10 CFR 26.717, PSEG Nuclear LLC hereby submits the attached Fitness For Duty Performance Data Report including the Annual Fatigue Reporting Form and Single Positive Test Forms for the 12 month period January 1, 2010 through December 31, 2010.

There are no regulatory commitments contained in this correspondence.

Should you have any questions concerning this letter or attachments, please contact Lee Marabella at (856) 339-1208.

Sincerely,

A handwritten signature in black ink that reads "Paul J. Davison".

Paul J. Davison  
Vice President – Operations Support

Attachments:

- Annual Reporting Form for Drug and Alcohol Tests
- Annual Fatigue Reporting Form
- 28 Individual Single Positive Test Forms

C: Corporate Commitment Tracking Coordinator  
Commitment Coordinator – Salem  
Commitment Coordinator – Hope Creek



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Annual Reporting Form for Drug and Alcohol Tests for the EIE General Submission Portal

*Note:*  
1) All fields required except those marked 'optional'.  
2) Use Adobe Reader 8 or later for this form to work properly.

Selected Facility Salem/Hope Creek [50-272; 50-311; 50-354]	Period of Report (Read-only) 2010
----------------------------------------------------------------	--------------------------------------

Submission Update - check this box only if this is an update to a previous submission.

### FFD Program Random Testing Population

Average number of licensees/employees subject to Part 26 throughout the period 1,787	Average number of contractors/vendors subject to Part 26 throughout the period 1,007	Total size of the random testing pool throughout the period. (Calculated) 2,794
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

### Pre-Access Tests Conducted Throughout the Period

Total number of tests conducted (Licensee Employees) 351	Total number of tests conducted (Contractors/Vendors) 1,889	Total number of positive, adulterated, substituted, and refusal to test results 16
-------------------------------------------------------------	----------------------------------------------------------------	---------------------------------------------------------------------------------------

### Follow-up Tests Conducted Throughout the Period

Total number of tests conducted (Licensee Employees) 96	Total number of tests conducted (Contractors/Vendors) 151	Total number of positive, adulterated, substituted, and refusal to test results 3
------------------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------

### For Cause Tests Conducted Throughout the Period

Total number of tests conducted (Licensee Employees) 7	Total number of tests conducted (Contractors/Vendors) 15	Total number of positive, adulterated, substituted, and refusal to test results 2
-----------------------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------------

### Random Tests Conducted Throughout the Period

Total number of tests conducted (Licensee Employees) 1,143	Total number of tests conducted (Contractors/Vendors) 616	Total number of positive, adulterated, substituted, and refusal to test results 7	Annual random testing percentage achieved for the testing pool 63
---------------------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------

### Post-Event Tests Conducted Throughout the Period

Total number of tests conducted (Licensee Employees) 6	Total number of tests conducted (Contractors/Vendors) 17	Total number of positive, adulterated, substituted, and refusal to test results 0
-----------------------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------------

### Other Tests Conducted Throughout the Period

Total number of tests conducted (Licensee Employees) 0	Total number of tests conducted (Contractors/Vendors) 1	Total number of positive, adulterated, substituted, and refusal to test results 0
-----------------------------------------------------------	------------------------------------------------------------	--------------------------------------------------------------------------------------

### Substances Tested

Did your program only test for NRC-required substances AND at the NRC-specified minimum cutoff levels? (Yes / No)  Yes

### Narrative (as applicable)

If reporting information on more than three narrative topics, select "Other(s)" for the Narrative Topic 3 to report any additional narrative topics. List each additional narrative topic title to be addressed in the "Please Elaborate" box. Ensure that each topic is identified and discussed in the "Narrative text" box that appears to the right of the Narrative Topic 3.

<b>Narrative Topic 1</b> Program and System Management	<b>Narrative Text</b> 47 Contractor Vendors and 3 licensee employees were tested as pre-access in applicant status as required in 26.65 n 2. The 50 are included in the pre access test reported above.
<input checked="" type="checkbox"/> Add an additional Narrative Topic	
<b>Narrative Topic 2</b> Policies and Procedures	<b>Narrative Text</b> PSEG Nuclear implemented dilute analysis as permitted by 26.163 n 2. 30 specimens were identified as dilute and evaluated per this protocol with all negative results.
<input type="checkbox"/> Add an additional Narrative Topic	

### Person(s) Responsible for Information Provided

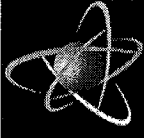
Person 1 (required):

Cecilia	Homan	FFD Analyst	Cecilia.homan@pseg.com
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

Paul	Devikon	Vice President - Operations Support	paul.devikon@pseg.com
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.



**U.S. NRC**  
United States Nuclear Regulatory Commission

Protecting People and the Environment

# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System 10 CFR Part 26, Subpart I - Managing Fatigue Annual Fatigue Reporting Form for the EIE General Submission Portal

Select Facility:  Period of Report (Read-only):

Note: Like Action Reactor 9 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission.

Was this facility in an outage for any part of the reporting period? (Yes / No)  Did any single site outage last more than 60 days in total? (Yes / No)  Did any of the first 60 days of an outage occur during the reporting period? (Yes / No)  Did any of the outage days after day 60 occur during the reporting period? (Yes / No)

### Summary of Waiver Issuance - 26.203(e)(1)(i)-(ii)

Week Hour Controls	Number of Waivers Issued (Note: Even if no waivers were issued, please enter a value (e.g., 0) in at least one of the cells in this table)																		
	Operating or on-site directing of the operations of systems, as described in 26.4(a)(1)			Performing health physics or chemistry duties, as described in 26.4(a)(2)			Performing duties of a fire brigade member, as described in 26.4(a)(3)			Performing maintenance or on-site directing of maintenance, as described in 26.4(a)(4)			Performing security duties, as described in 26.4(a)(5)			Operating Total (Excluded)	Outage Total (Days 1-60) (Excluded)	Outage Total (After day 60) (Excluded)	Corrective Total (Excluded)
	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)	Operating	Outage (days 1-60)	Outage (after day 60)				
Daily Work Hours 26.205(a)(1)	Exceeded 16 work hrs in any 24 hr period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Exceeded 20 work hrs in any 48 hr period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Exceeded 72 work hrs in any 7 day period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest Breaks 26.205(a)(2)	Less than 10 hr break between work periods (or 8 hr break accommodating scheduled transition shift shifts)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Less than 34 hr break in any 8 day period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minimum Days Off Per Shift Cycle 26.205(a)(3)	Average of less than 1 day off per week for 8-hour shifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Average of less than 2.5 days off per week for 12-hour shifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Average of less than 2 days off per week for 12-hour security shifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minimum Days Off for Outage Activities (during 10 days of outage) 26.205(a)(4) and 26.205(a)(5)	Less than 3 days off per successive 15-day period 26.205(a)(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Less than 1 day off per 7-day period for maintenance personnel 26.205(a)(5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Less than 4 days off per successive 15-day period for security personnel 26.205(a)(5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* NOTE: For individuals performing the brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

### Distribution of Waivers for Individuals in Each Category - 26.203(e)(1)(iii)

Number of Waivers	Number of Employees Issued Waivers (Note: Even if no waivers were issued for a given column, please enter a value (e.g., 0) in at least one of the cells in the column)				
	Operating or on-site directing of the operations of systems, as described in 26.4(a)(1)	Performing health physics or chemistry duties as described in 26.4(a)(2)	Performing duties of a fire brigade member as described in 26.4(a)(3)	Performing maintenance or on-site directing of maintenance as described in 26.4(a)(4)	Performing security duties as described in 26.4(a)(5)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11-20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
More than 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Employees Issued Waivers (Excluded)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Most Waivers Provided to a Single Individual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* NOTE: For individuals performing the brigade duties and other duties, please count them only under the fire brigade column. Do not double count these individuals.

Person(s) Responsible for Information Provided

Person 1 (required):

Caixa  Homan  FFD Analyst  Coofa.homan@NREG.com   
First Name Last Name Position Title Email Address

Person 2 (optional):

Ful  Division  Vice President - Operations Support  pef@nrc.gov   
First Name Last Name Position Title Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On: Feb 17, 2011 at 7:27:52 AM



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

- 1) All fields are required except those marked 'optional'.
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) Please elaborate on the reason for testing (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)

Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - First drug or alcohol positive
  - Resignation/Withdrawal
  - Subversion
  - Second drug or alcohol positive
  - Subsequent positive test result from testing
  - Misuse
  - Violation of 5-hour abstinence rule
  - Other:
  - Sale, Use or Possession in PA

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

Person 1 (required):

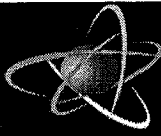
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
1) All fields are required except those marked 'optional'.  
2) Entries in some form fields may result in information being auto-populated into other form fields.  
3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Please elaborate on the reason for testing (optional)

Donor was placed into follow up program by SAE during DOF due to Other Potentially Derogatory FFD Information identified when donor in-processed for unescorted access.

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

- MRO Confirmation
- First drug or alcohol positive
- Resignation/Withdrawal
- Subversion
- Subsequent positive test result from testing
- Misuse
- Violation of 5-hour abstinence rule
- Other:
- Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

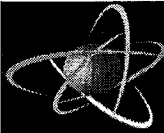
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

- 1) All fields are required except those marked 'optional'.
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Please elaborate on the reason for testing (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

- MRO Confirmation
- Subversion
- Misuse
- Second drug or alcohol positive
- Violation of 5-hour abstinence rule
- Sale, Use or Possession in PA
- Resignation/Withdrawal
- Subsequent positive test result from testing
- Other:

Person(s) Responsible for Information Provided

Person 1 (required):

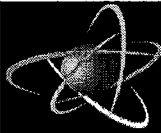
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

- 1) All fields are required except those marked 'optional'.
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) For Cause Testing Reason (optional)

For Cause

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported Alcohol Testing

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - First drug or alcohol positive
  - Resignation/Withdrawal
  - Subversion
  - Subsequent positive test result from testing
  - Misuse
  - Violation of 5-hour abstinence rule
  - Other:
  - Sale, Use or Possession in PA

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

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

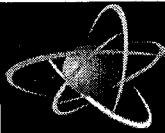
Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:





Electronic Information Exchange

NRC FFD Program Performance Data Reporting System
Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied) PSEG100B2

Note:
1) All fields are required except those marked 'optional'.
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3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility
Salem/Hope Creek [50-272; 50-311; 50-354]

Date of Collection (mm/dd/yyyy) 04/13/2010

Reason for Testing - 26.717(b)(5) For Cause Testing Reason (optional)
For Cause Physical Condition/Smell of Alcohol

Please elaborate (optional)
Security officer detected odor of alcohol on donor

Employment Type - 26.717(b)(3)
Licensee Employee

Labor Category - 26.717(b)(3)
Maintenance (Craft)

Refusal - 26.717(b)(7) & 26.75
Was this collection refused (Yes / No)? No

Test Results - 26.717(b)(4)
Test Validity
Not Applicable

Test Type(s) for Result(s) Reported Alcohol Only
Alcohol Testing
Breath

Substance - 26.717(b)(2) & (b)(4)
Alcohol

Use NRC Cutoff (Yes / No) Yes

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) No

Subversion Attempts - 26.717(b)(7) and 26.75(b)
If this result relates to a subversion attempt, select one or more of the following choices as applicable.
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence [ ] Observed Actions/Behaviors [ ]
Refusal to Cooperate [ ] Other [ ]

Management Actions - 26.717(b)(8)

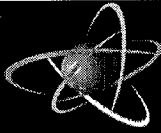
Individual Sanction
14- Day Denial

- Reason(s) for the Action (select all that apply):
[X] MRO Confirmation [X] First drug or alcohol positive [ ] Resignation/Withdrawal
[ ] Subversion [ ] Subsequent positive test result from testing
[ ] Misuse [ ] Violation of 5-hour abstinence rule [ ] Other:
[ ] Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):
Cecilia Homan Fitness for Duty Analyst Cecilia.homan@pseg.com
Person 2 (optional):
Paul Davison Vice President - Operations Support paul.davison@pseg.com

Final Step (Required) - NRC will consider this form an official submission 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.



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

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Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

Physical Evidence



Observed Actions/Behaviors



Please elaborate on the choice(s) selected:

Donor submitted out of temperature range specimen for pre-access test. (100.7) While waiting for observed recollection the donor was detected attempting to hide a plastic bottle with temperature strip attached and "little hottie" hand warmer still warm to the touch. During denial interview donor admitted to use of marijuana during the holidays.

Refusal to Cooperate



Other



Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

MRO Confirmation

First drug or alcohol positive

Resignation/Withdrawal

Subversion

Second drug or alcohol positive

Subsequent positive test result from testing

Misuse

Violation of 5-hour abstinence rule

Other:

Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

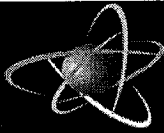
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



Electronic Information Exchange

NRC FFD Program Performance Data Reporting System
Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied) PSEG10PA2

Note:
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Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility
Salem/Hope Creek [50-272; 50-311; 50-354]

Date of Collection (mm/dd/yyyy) 02/22/2010

Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)
Pre-Access Initial Authorization

Please elaborate (optional)
Pre-access test was immediately followed by Observed Recollection due to out of temperature specimen submitted by donor.

Employment Type - 26.717(b)(3)
Contractor/Vendor

Labor Category - 26.717(b)(3)
Engineering

Refusal - 26.717(b)(7) & 26.75
Was this collection refused (Yes / No)? No

Test Results - 26.717(b)(4)
Test Validity
Substituted

Test Type(s) for Result(s) Reported
Drug Only Drug Testing
Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1 No

Substance - 26.717(b)(2) & (b)(4)
Not applicable

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) No

Subversion Attempts - 26.717(b)(7) and 26.75(b)
If this result relates to a subversion attempt, select one or more of the following choices as applicable.
If not a subversion attempt, do not select any of the four boxes.

Physical Evidence Observed Actions/Behaviors Please elaborate on the choice(s) selected:
Refusal to Cooperate Other
Donor submitted specimen out of acceptable temperature range (83.3) for pre access test. Result of cold specimen from HHS was negative. Observed recollection was positive for marijuana. Donor was denied for attempt to subvert FFD process.

Management Actions - 26.717(b)(8)
Individual Sanction
Permanent Denial

Reason(s) for the Action (select all that apply):
MRO Confirmation First drug or alcohol positive Resignation/Withdrawal
Subversion Subsequent positive test result from testing
Misuse Violation of 5-hour abstinence rule Other:
Sale, Use or Possession in PA

Person(s) Responsible for Information Provided
Person 1 (required):

Cecilia Homan Fitness for Duty Analyst Cecilia.homan@pseg.com

Person 2 (optional):
Paul Davison Vice President - Operations Support paul.davison@pseg.com

Final Step (Required) - NRC will consider this form an official submission 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.



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

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Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)  Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)  Additional Substance (as applicable)  Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 28.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence  Observed Actions/Behaviors
- Refusal to Cooperate  Other

Management Actions - 26.717(b)(8)

Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation  First drug or alcohol positive  Resignation/Withdrawal
  - Subversion  Subsequent positive test result from testing
  - Misuse  Violation of 5-hour abstinence rule  Other:
  - Sale, Use or Possession in PA

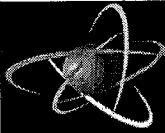
Person(s) Responsible for Information Provided

Person 1 (required):  
     
 First Name Last Name Position Title Email Address

Person 2 (optional):  
     
 First Name Last Name Position Title Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
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3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4) Additional Substance (as applicable) Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

Reason(s) for the Action (select all that apply):  
 MRO Confirmation  First drug or alcohol positive  Resignation/Withdrawal  
 Subversion  Subsequent positive test result from testing  
 Misuse  Violation of 5-hour abstinence rule  Other:  
 Sale, Use or Possession in PA

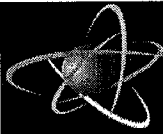
Person(s) Responsible for Information Provided  
Person 1 (required):

First Name Last Name Position Title Email Address

Person 2 (optional):  
     
First Name Last Name Position Title Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

*Note:*  
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Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3) Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported Alcohol Testing

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - First drug or alcohol positive
  - Resignation/Withdrawal
  - Subversion
  - Subsequent positive test result from testing
  - Misuse
  - Violation of 5-hour abstinence rule
  - Other:
  - Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

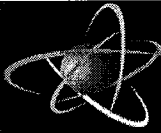
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.





# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
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Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3) Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4) Additional Substance (as applicable) Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - First drug or alcohol positive
  - Resignation/Withdrawal
  - Subversion
  - Violation of 5-hour abstinence rule
  - Subsequent positive test result from testing
  - Misuse
  - Sale, Use or Possession in PA
  - Other:

Person(s) Responsible for Information Provided  
Person 1 (required):

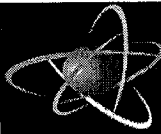
First Name Last Name Position Title Email Address

Person 2 (optional):  
     
First Name Last Name Position Title Email Address

Final Step (Required) - NRC will consider this form an official submission only when the "Validate and 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.

Form Locked On:





# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
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3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)  Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)  Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)  Additional Substance (as applicable)  Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):  
 MRO Confirmation  First drug or alcohol positive  Resignation/Withdrawal  
 Subversion  Subsequent positive test result from testing  
 Misuse  Violation of 5-hour abstinence rule  Other:  
 Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

- 1) All fields are required except those marked 'optional'.
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

- MRO Confirmation
- First drug or alcohol positive
- Resignation/Withdrawal
- Subversion
- Subsequent positive test result from testing
- Misuse
- Violation of 5-hour abstinence rule
- Other:
- Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

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Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
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2) Entries in some form fields may result in information being auto-populated into other form fields.  
3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)  Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

Reason(s) for the Action (select all that apply):  
 MRO Confirmation     First drug or alcohol positive     Resignation/Withdrawal  
 Subversion     Subsequent positive test result from testing  
 Misuse     Violation of 5-hour abstinence rule     Other  
 Sale, Use or Possession in PA

Person(s) Responsible for Information Provided  
Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



Electronic Information Exchange

NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied) PSEG10PA11

Note:
1) All fields are required except those marked 'optional'.
2) Entries in some form fields may result in information being auto-populated into other form fields.
3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility
Salem/Hope Creek [50-272; 50-311; 50-354]

Date of Collection (mm/dd/yyyy) 10/04/2010

Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)
Pre-Access Reinstatement (Between 31 and 365 days)

Employment Type - 26.717(b)(3)
Contractor/Vendor

Labor Category - 26.717(b)(3) Please elaborate
Other Laborer

Refusal - 26.717(b)(7) & 26.75
Was this collection refused (Yes / No)? No

Test Results - 26.717(b)(4)
Test Validity
Valid

Test Type(s) for Result(s) Reported Drug Only
Drug Testing
Urine

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1 No

Substance - 26.717(b)(2) & (b)(4) Additional Substance (as applicable) Additional Substance (as applicable)
Marijuana Please Select Please Select

Use NRC Cutoff (Yes / No) Yes Use NRC Cutoff (Yes / No) Yes Use NRC Cutoff (Yes / No) Yes

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) No

Subversion Attempts - 26.717(b)(7) and 26.75(b)
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence Observed Actions/Behaviors
Refusal to Cooperate Other

Management Actions - 26.717(b)(8)

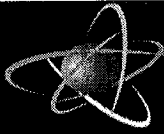
Individual Sanction
3-Year Denial

Reason(s) for the Action (select all that apply):
[X] MRO Confirmation [X] First drug or alcohol positive [ ] Resignation/Withdrawal
[ ] Subversion [ ] Subsequent positive test result from testing
[ ] Misuse [ ] Violation of 5-hour abstinence rule [ ] Other:
[ ] Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):
Cecilia Homan Fitness for Duty Analyst Cecilia.homan@pseg.com
Person 2 (optional):
Paul Davison Vice President - Operations Support paul.davison@pseg.com

Final Step (Required) - NRC will consider this form an official submission 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.



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

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- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

Reason(s) for the Action (select all that apply):

- MRO Confirmation
- First drug or alcohol positive
- Resignation/Withdrawal
- Subversion
- Subsequent positive test result from testing
- Misuse
- Violation of 5-hour abstinence rule
- Other:
- Sale, Use or Possession in PA

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

Person 1 (required):

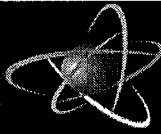
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

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- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Refusal to Cooperate
- Observed Actions/Behaviors
- Other

Please elaborate on the choice(s) selected:

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

- MRO Confirmation
- Subversion
- Misuse
- First drug or alcohol positive
- Violation of 5-hour abstinence rule
- Sale, Use or Possession in PA
- Resignation/Withdrawal
- Subsequent positive test result from testing
- Other:

Person(s) Responsible for Information Provided

Person 1 (required):

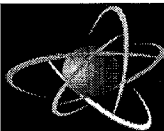
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission only when the "Validate and Lock" button has been selected and all errors (i.e., those highlighted in red) have been corrected. The "Validate and Lock" button will change to "Locked" after the data validation process has been successfully completed and the form is ready for submission.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

*Note:*  
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3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3) Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported  Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4) Additional Substance (as applicable) Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)  Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):  
 MRO Confirmation  First drug or alcohol positive  Resignation/Withdrawal  
 Subversion  Subsequent positive test result from testing  
 Misuse  Violation of 5-hour abstinence rule  Other:  
 Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):

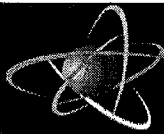
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (License Supplied)

**Note:**

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- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)  Pre-Access Testing Reason (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

Reason(s) for the Action (select all that apply):

- MRO Confirmation
- First drug or alcohol positive
- Resignation/Withdrawal
- Subversion
- Subsequent positive test result from testing
- Misuse
- Violation of 5-hour abstinence rule
- Other:
- Sale, Use or Possession in PA

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

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

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Form Locked On:





# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

- 1) All fields are required except those marked 'optional'.
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- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Pre-Access Testing Reason (optional)

Please elaborate (optional)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Please elaborate on the choice(s) selected:

Management Actions - 26.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - Subversion
  - Misuse
  - First drug or alcohol positive
  - Violation of 5-hour abstinence rule
  - Safe, Use or Possession in PA
  - Resignation/Withdrawal
  - Subsequent positive test result from testing
  - Other:

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

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

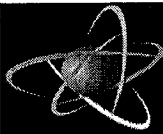
Reason(s) for the Action (select all that apply):  
 MRO Confirmation     First drug or alcohol positive     Resignation/Withdrawal  
 Subversion     Subsequent positive test result from testing  
 Misuse     Violation of 5-hour abstinence rule     Other:  
 Sale, Use or Possession in PA

Person(s) Responsible for Information Provided

Person 1 (required):			
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address
Person 2 (optional):			
<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="Paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
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3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3) Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 28.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 28.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - Subversion
  - Misuse
  - First drug or alcohol positive
  - Violation of 5-hour abstinence rule
  - Sale, Use or Possession in PA
  - Resignation/Withdrawal
  - Subsequent positive test result from testing
  - Other:

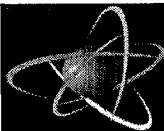
Person(s) Responsible for Information Provided  
Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="Paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System

### Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**

- 1) All fields are required except those marked "optional".
- 2) Entries in some form fields may result in information being auto-populated into other form fields.
- 3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Alcohol Testing

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Physical Evidence    | <input type="checkbox"/> Observed Actions/Behaviors |
| <input type="checkbox"/> Refusal to Cooperate | <input type="checkbox"/> Other                      |

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

- |                                                      |                                                                     |                                                                       |
|------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> MRO Confirmation | <input checked="" type="checkbox"/> Second drug or alcohol positive | <input type="checkbox"/> Resignation/Withdrawal                       |
| <input type="checkbox"/> Subversion                  | <input type="checkbox"/> Violation of 5-hour abstinence rule        | <input type="checkbox"/> Subsequent positive test result from testing |
| <input type="checkbox"/> Misuse                      | <input type="checkbox"/> Sale, Use or Possession in PA              | <input type="checkbox"/> Other:                                       |

Person(s) Responsible for Information Provided

Person 1 (required):

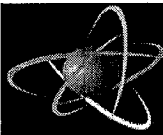
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

**Final Step (Required)** - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
1) All fields are required except those marked 'optional'.  
2) Entries in some form fields may result in information being auto-populated into other form fields.  
3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Physical Evidence    | <input type="checkbox"/> Observed Actions/Behaviors |
| <input type="checkbox"/> Refusal to Cooperate | <input type="checkbox"/> Other                      |

Management Actions - 26.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- |                                                      |                                                                    |                                                                       |
|------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> MRO Confirmation | <input checked="" type="checkbox"/> First drug or alcohol positive | <input type="checkbox"/> Resignation/Withdrawal                       |
| <input type="checkbox"/> Subversion                  | <input type="checkbox"/> Violation of 5-hour abstinence rule       | <input type="checkbox"/> Subsequent positive test result from testing |
| <input type="checkbox"/> Misuse                      | <input type="checkbox"/> Sale, Use or Possession in PA             | <input type="checkbox"/> Other:                                       |

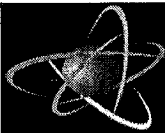
Person(s) Responsible for Information Provided  
Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="Paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Final Step (Required) - NRC will consider this form an official submission 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.

Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

**Note:**  
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3) Use Adobe Reader 8 or later for this form to work properly.

Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Substance - 26.717(b)(2) & (b)(4)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Observed Actions/Behaviors
- Refusal to Cooperate
- Other

Management Actions - 26.717(b)(8)  
Individual Sanction

Reason(s) for the Action (select all that apply):  
 MRO Confirmation     First drug or alcohol positive     Resignation/Withdrawal  
 Subversion     Subsequent positive test result from testing  
 Misuse     Violation of 5-hour abstinence rule     Other:  
 Sale, Use or Possession in PA

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

Person 1 (required):

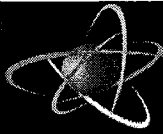
<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
First Name	Last Name	Position Title	Email Address

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Form Locked On:



# Electronic Information Exchange

## NRC FFD Program Performance Data Reporting System Single Positive Test Form for the EIE General Submission Portal

Unique Reference Number (Licensee Supplied)

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Submission Update - check this box only if this is an update to a previous submission, in which case you must use the same Unique Reference Number.

Select Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5)

Employment Type - 26.717(b)(3)

Labor Category - 26.717(b)(3)

Please elaborate

Refusal - 26.717(b)(7) & 26.75  
Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)  
Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)  
If this result relates to a subversion attempt, select one or more of the following choices as applicable.  
If not a subversion attempt, do not select any of the four boxes.

- Physical Evidence
- Refusal to Cooperate
- Observed Actions/Behaviors
- Other

Please elaborate on the choice(s) selected:

Management Actions - 26.717(b)(8)  
Individual Sanction

- Reason(s) for the Action (select all that apply):
- MRO Confirmation
  - Subversion
  - Misuse
  - First drug or alcohol positive
  - Violation of 5-hour abstinence rule
  - Sale, Use or Possession in PA
  - Resignation/Withdrawal
  - Subsequent positive test result from testing
  - Other:

Person(s) Responsible for Information Provided

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
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# Electronic Information Exchange

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Unique Reference Number (Licensee Supplied)

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Select Facility

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Labor Category - 26.717(b)(3)

Refusal - 26.717(b)(7) & 26.75

Was this collection refused (Yes / No)?

Test Results - 26.717(b)(4)

Test Validity

Test Type(s) for Result(s) Reported

Drug Testing

Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.1

Substance - 26.717(b)(2) & (b)(4)

Additional Substance (as applicable)

Additional Substance (as applicable)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Use NRC Cutoff (Yes / No)

Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b)

Subversion Attempts - 26.717(b)(7) and 26.75(b)

If this result relates to a subversion attempt, select one or more of the following choices as applicable. If not a subversion attempt, do not select any of the four boxes.

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Physical Evidence    | <input type="checkbox"/> Observed Actions/Behaviors |
| <input type="checkbox"/> Refusal to Cooperate | <input type="checkbox"/> Other                      |

Management Actions - 26.717(b)(8)

Individual Sanction

Reason(s) for the Action (select all that apply):

- |                                                      |                                                                    |                                                                       |
|------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> MRO Confirmation | <input checked="" type="checkbox"/> First drug or alcohol positive | <input type="checkbox"/> Resignation/Withdrawal                       |
| <input type="checkbox"/> Subversion                  | <input type="checkbox"/> Violation of 5-hour abstinence rule       | <input type="checkbox"/> Subsequent positive test result from testing |
| <input type="checkbox"/> Misuse                      | <input type="checkbox"/> Sale, Use or Possession in PA             | <input type="checkbox"/> Other:                                       |

Person(s) Responsible for Information Provided

Person 1 (required):

<input type="text" value="Cecilia"/>	<input type="text" value="Homan"/>	<input type="text" value="Fitness for Duty Analyst"/>	<input type="text" value="Cecilia.homan@pseg.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text" value="Paul"/>	<input type="text" value="Davison"/>	<input type="text" value="Vice President - Operations Support"/>	<input type="text" value="paul.davison@pseg.com"/>
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Form Locked On: