

CENGSM

a joint venture of



Constellation
Energy



NINE MILE POINT
NUCLEAR STATION

P.O. Box 63
Lycoming, New York 13093

July 15, 2011

U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

ATTENTION: Document Control Desk

SUBJECT: Nine Mile Point Nuclear Station
Unit Nos. 1 and 2; Docket Nos. 50-220 and 50-410

Updates to Fitness-for-Duty Program Performance Data Report for 2010

On February 28, 2011, in accordance with the requirements set forth in 10 CFR 26.717(e) and 10 CFR 26.203(e), Nine Mile Point Nuclear Station, LLC (NMPNS) compiled and submitted the annual Fitness-for-Duty Program Performance Data Report covering the period January 1, 2010 through December 31, 2010. Per a request from the NRC, NMPNS is resubmitting the enclosed three sheets of the report to clarify the data in the NRC database.

Should you have any questions regarding the information in this submittal, please contact John J. Dosa, Director Licensing, at (315) 349-5219.

Very truly yours,

Tony Verno
Director Security

TV/MHS

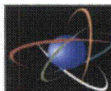
Enclosure: Updates to 2010 Fitness-for-Duty Program Performance Data Report

cc: NRC Regional Administrator, Region I
NRC Project Manager
NRC Senior Resident Inspector

A021
NRC

ENCLOSURE

**UPDATES TO 2010 FITNESS-FOR-DUTY PROGRAM PERFORMANCE
DATA REPORT**



U.S. NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

Electronic Information Exchange

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

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

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

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

FFD Program Random Testing Population

Average number of licensee employees subject to Part 26 throughout the period: Average number of contractors/vendors subject to Part 26 throughout the period: Total size of the random testing pool throughout the period (Calculated):

Pre-Access Tests Conducted Throughout the Period

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

Followup Tests Conducted Throughout the Period

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

For Cause Tests Conducted Throughout the Period

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

Random Tests Conducted Throughout the Period

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

Post-Event Tests Conducted Throughout the Period

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

Other Tests Conducted Throughout the Period

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

Substances Tested

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

Substance	Use Only NRC Cutoff Levels? (Yes / No)	Initial Cutoff	Confirmatory Cutoff	LOD Testing? (Yes / No)	Comment (Optional)
Alcohol	<input type="text" value="Yes"/>			<input type="text" value="Not Applicable"/>	
Cocaine	<input type="text" value="Yes"/>			<input type="text" value="Yes"/>	In accordance with 26.163(a)(2)
Marijuana	<input type="text" value="Yes"/>			<input type="text" value="No"/>	
Amphetamines	<input type="text" value="Yes"/>			<input type="text" value="No"/>	
Opiates	<input type="text" value="Yes"/>			<input type="text" value="No"/>	
PCP	<input type="text" value="Yes"/>			<input type="text" value="No"/>	

Do you want to add additional substances? (Yes / No) How many additional substances do you want to add? (up to 6)

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.

Narrative Topic 1 <input type="text" value="Other(s)"/> Please elaborate: <input type="text" value="Overall Testing Statistics"/> <input checked="" type="checkbox"/> Add an additional Narrative Topic	Narrative Text Total number of positive, adulterated, substituted, and refusal to test results (35) from this page is more than the total represented on the Single Positive Test Forms due to 4 of the 31 individuals having more than one violation.
Narrative Topic 2 <input type="text" value="Other(s)"/> Please elaborate: <input type="text" value="LOD Testing"/> <input type="checkbox"/> Add an additional Narrative Topic	Narrative Text HHS contract includes testing at LOD in accordance with 10 CFR 26.163.a.2

Person(s) Responsible for Information Provided

Person 1 (required):

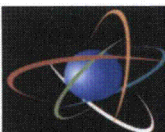
First Name Last Name Position Title Email Address

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.

Annual Test Results Form version 1.2.3



U.S.NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

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

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

☐

Please elaborate on the choice(s) selected:

Refusal to Cooperate

☒

Other

☒

First sample was out of acceptable temperature range and reported negative from the laboratory. Another sample was collected under direct observation and was confirmed for marijuana.

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

☐ 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):

First Name

Last Name

Position Title

Email Address

Person 2 (optional):

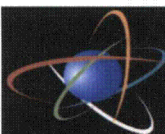
First Name

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.



U.S. NRC
United States Nuclear Regulatory Commission

Protecting People and the Environment

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

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.

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.

Physical Evidence

☒

Observed Actions/Behaviors

☐

Please elaborate on the choice(s) selected:

Refusal to Cooperate

☒

Other

☒

First sample was out of acceptable temperature range and reported negative from the laboratory. Another sample was collected under direct observation and was confirmed for marijuana.

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

☐ 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):

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.