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NINE MILE POINT
NUCLEAR STATION

August 4, 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

Corrected Data Report Form for 2010 Fitness-for-Duty Program Performance
Data Report

- REFERENCES:**
- (a) Letter from T. Verno (NMPNS) to Document Control Desk (NRC), dated February 28, 2011, "Fitness-for-Duty Program Performance Data Report for 2010"
 - (b) Electronic Mail from P. Harris (NRC) to B. Boismenu (NMPNS), dated June 28, 2011, "2010CY FFD report – follow-up needed – Constellation Energy (2SPTFs need updating – subversion attempts; ATF and SPTF totals not equal)"
 - (c) Letter from T. Verno (NMPNS) to Document Control Desk (NRC), dated July 15, 2011, "Updates to Fitness-for-Duty Program Performance Data Report for 2010"

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, in Reference (a), 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 (Reference b), NMPNS resubmitted in Reference (c) three sheets of the report to clarify the data in the NRC database. NMPNS has determined that the Narrative Text on one of the resubmittal sheets that was enclosed with Reference (c) did not properly characterize the data for "Total number of positive, adulterated, substituted, and refusal to test results." The corrected Narrative Text is provided in the enclosed data report sheet.

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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: Corrected Data Report Form – 2010 Fitness-for-Duty Program Performance Data Report

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

ENCLOSURE

**CORRECTED DATA REPORT FORM – 2010 FITNESS-FOR-DUTY
PROGRAM PERFORMANCE DATA REPORT**

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.

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 28 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)
<input type="text" value="1,080"/>	<input type="text" value="612"/>	<input type="text" value="1,692"/>

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
<input type="text" value="45"/>	<input type="text" value="1,765"/>	<input type="text" value="23"/>

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
<input type="text" value="146"/>	<input type="text" value="258"/>	<input type="text" value="3"/>

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
<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="1"/>

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
<input type="text" value="567"/>	<input type="text" value="334"/>	<input type="text" value="4"/>	<input type="text" value="53.3"/>

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
<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="0"/>

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
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

Other(s)

Please elaborate:

Add an additional Narrative Topic

Narrative Text

Total number of positive, adulterated, substituted, and refusal to test results (31) from this page equals the total represented on the Single Positive Test Forms following this "Submission update" which was provided to eliminate duplicate reporting for 4 individuals who attempted to subvert the testing process (and at the request from the NRC).

Narrative Topic 2

Other(s)

Please elaborate:

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):

<input type="text" value="Brett"/>	<input type="text" value="Bosmena"/>	<input type="text" value="FFD Specialist"/>	<input type="text" value="Brett.Bosmena@CENGLLC.com"/>
First Name	Last Name	Position Title	Email Address

Person 2 (optional):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.