

Changes to the Annual Reporting Form

In coordination with representatives of the commercial nuclear power reactor industry, the staff received comments and suggestions as to how to improve the fitness for duty (FFD) electronic reporting (e-reporting) forms that have been designed and posted to meet the reporting requirements of 10 CFR 26.717, FFD Program Performance Data. These e-reporting forms have been successfully used by a majority of NRC licensees and other affected entities in calendar years (CY) 2009 and 2010. From this experience, lessons have been learned to improve the communication of FFD performance data, reduce reporting errors, and enhance consistency.

The highlights of changes made to the Annual Reporting Form (ARF) include:

- a) simplified form logic and enhanced drop-down menus;
- b) enhanced printing capabilities and visual clarity of text;
- c) improved communication of site-specific test results and performance issues; and,
- d) enhanced auto-calculation features to reduce errors and improve accuracy.

The current version of the ARF is now: Version 1.3.0 – Nov 8, 2011. This version stamp is located at the bottom left corner of the ARF.

Note that submittal of ARF, Single Positive Test Forms, and the Fatigue Form are required to be submitted to meet the reporting requirement of 10 CFR 26.717.

The following changes have been incorporated into the current web-posted ARF, version 1.3.0., Nov 8, 2011.

Annual Reporting Form

- **Tests Conducted in the Calendar Year** - improved form presentation by placing test result information in a table format, includes auto-calculation features.

Tests Conducted in the Calendar Year

| Reason For Testing | Total Number of Tests Conducted | | Total Number of Positive, Adulterated, Substituted, and Refusal to Test Results |
|--------------------|---------------------------------|----------------------|---|
| | Licensee Employees | Contractors/Vendors | |
| Pre-Access | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Random | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| For Cause | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post-Event | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Followup | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total (Calculated) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- **Laboratory Testing** – The NRC staff added a form section to collect the following information:
 - The U.S. Department of Health and Human Services'-certified laboratory(ies) being used by the FFD program;
 - The blind performance test sample supplier(s) being used by the program; and,
 - If a licensee is using a licensee testing facility (LTF), a table pops up to enable the reporting of administrative actions for initial LTF positive results for marijuana and cocaine.

Laboratory Testing

Does your program use a Licensee Testing Facility? (Yes / No)

Does your program terminate an individual's authorization or take administrative action on initial marijuana or cocaine positive test results from your licensee testing facility (26.717(d))? (Yes / No)

Identify your HHS-Certified Laboratory(ies)

Identify your Blind Performance Test Sample supplier(s)

26.717(d) Reporting Positive Initial Drug Test Results (Marijuana and Cocaine) - Licensee Testing Facility

Enter values into this table if your program terminates an individual's authorization or takes administrative action on the initial positive test result.

| Substance | Licensee Testing Facility Results | HHS Laboratory Results | MRO Determinations |
|--------------------|-----------------------------------|------------------------|----------------------|
| Marijuana | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cocaine | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total (Calculated) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- **Reason for Testing** – The NRC staff removed the "Other" testing category because it is not a required condition for testing in § 26.31(c). NRC staff reviews of FFD performance data determined that tests reported as "Other" tests are being incorrectly categorized and do not provide sufficient information to inform licensee corrective actions to address adverse trends.
- **Substances Tested** – The NRC staff added a question to record if the FFD program is conducting *Limit of Detection* (LOD) testing as per § 26.163(a)(2). The previous form was not clear in describing the information reporting requirement.

Does your program conduct LOD testing permitted in 26.163(a)(2)? (Yes / No)

- **Narrative form section** – The NRC staff made the following changes:
 - Revised the form section name from “Narrative” to “Summary of Management Actions” to align with the § 26.717(b)(8) reporting requirement.
 - Increased the visible area in text boxes for each topic description to facilitate licensee reviews.

Summary of Management Actions - 26.717(b)(8)

Summarize actions implemented to improve FFD program performance. As applicable, reference in the topic description audit reports, 30-day reports, and/or corrective action reports. If reporting information on more than three topics, select "Others" for Topic 3 to report any additional topics.

Topic 1

Topic 1 Description

Add an additional Topic

- **Summary of Administrative Actions Topics** – The NRC staff added additional topics in drop-down menu (i.e., LOD Testing, Blind Performance Test Samples) to aid in the communication of FFD performance information.

Topic 1

Program and System Management

Please Select

Program and System Management

Policies and Procedures

Random Testing

Training

Certified Laboratories

LOD Testing

Blind Performance Test Samples

Other(s)

- Improved form printing** – The NRC staff significantly improved the ability to print the ARF using a two-page format on standard 8.5 by 11 inch paper. The NRC staff also added an auto-population feature to place the site name and reporting year at the bottom of the form in case the pages get separated in hard-copy form.

U.S. NRC
 Nuclear Safety Nuclear Regulatory Commission
Electronic Information Exchange
 Protecting People and the Environment

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

Submission Update

Note:
 1) All fields required except those marked "optional".
 2) Use Adobe Reader 9 or later for this form to work properly.
 3) Hold your mouse over a form field to view additional information.

Selected Facility: [Please Select] Period of Report: 2011

Tests Conducted in the Calendar Year

| Reason For Testing | Total Number of Tests Conducted | | Total Number of Positive, Adversarial, Substituted, and Refused to Test Results |
|--------------------|---------------------------------|---------------------|---|
| | Licensee Employees | Contractors/Vendors | |
| Pre-Access | | | |
| Random | | | |
| For Cause | | | |
| Post-Event | | | |
| Followup | | | |
| Total (Calculated) | | | |

FFD Program Random Testing Population and Rate

| Average number of licensee employees | Average number of contractors/vendors | Total size of the random testing pool throughout the period (Calculated) | Annual random testing percentage achieved for the testing pool |
|--------------------------------------|---------------------------------------|--|--|
| | | | |

Laboratory Testing

Does your program use a Licensee Testing Facility? (Yes/No) YES NO Does your program terminate an individual's authorization or take administrative action on initial marijuana or cocaine positive test results from your licensee testing facility (26.717)(b)? (Yes/No) YES NO

Identify your HHS-Certified Laboratory(ies): _____

Identify your Blind Performance Test Sample supplier(s): _____

26.717(b) Reporting Positive Initial Drug Test Results (Marijuana and Cocaine) - Licensee Testing Facility

Enter values into this table if your program terminates an individual's authorization or takes administrative action on the initial positive test result.

| Substance | Licensee Testing Facility Results | HHS Laboratory Results | MRO Determinations |
|--------------------|-----------------------------------|------------------------|--------------------|
| Marijuana | | | |
| Cocaine | | | |
| Total (Calculated) | | | |

Substances Tested

Did your program only test for NRC-required substances AND at the NRC-specified minimum cutoff levels? (Yes/No) YES NO Does your program conduct LOD testing permitted in 26.953(k)(2)? (Yes/No) YES NO

Substance Tested - continued

Summary of Management Actions - 26.717(b)(6)
 Summarize actions implemented to improve FFD program performance. As applicable, reference in the topic description audit reports, 30-day reports, and/or corrective action reports. If reporting information on more than three topics, select "Others" for Topic 3 to report any additional topics.

Topic 1: Program and System Management Topic 1 Description: _____

Topic 2: Random Testing Topic 2 Description: _____

Topic 3: Certified Laboratories Topic 3 Description: _____

Person(s) Responsible for Information Provided

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

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

Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 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.

Validate & Lock Save to Local PC Print this Report

Annual Test Results Form (version 1.4.15) Period of Report: 2011

- Period of Report** – The NRC staff added a drop-down menu to select the year being reported by the licensee instead of help enable submission updates.

Period of Report

2011

2015

2014

2013

2012

2011

2010

2009

- **Submission update** – The NRC staff enabled logic that by selecting this checkbox a text field will be activated so that a brief description of form changes can be provided. Additionally, form smart logic associated with the “Period of Report” will auto-generate a set of questions to help licensees in determining whether the submission is an update to a prior reporting year.

Please explain the change(s) to the form

Submission Update

- **Special characters** (e.g., %:;""()[]#) are now permitted in all text fields.