

Entergy Nuclear Northeast Indian Point Energy Center 450 Broadway, GSB P.O. Box 249 Buchanan, N.Y. 10511-0249 Tel (914) 254-6710

Robert Walpole Licensing Manger

NL-12-033

February 27, 2012

U.S. Nuclear Regulatory Commission ATTN: Document Control Desk Washington, DC 20555-0001

SUBJECT:

2011 Annual Fitness for Duty Program Performance Data Report and Fatigue

Management Program Data Report

Indian Point Energy Center Docket Nos. 50-247, 50-286 License Nos. DPR-26, DPR-64

### Dear Sir or Madam:

This letter transmits Indian Point Energy Center (IPEC) Fitness for Duty (FFD) Program Performance data for the period January 1, 2011 through December 31, 2011 in accordance with the requirements of 10 CFR 26.717(e). Included is also the Fatigue Management Program data in accordance with 10 CFR 26.203(e).

There are no new commitments contained in this letter. If you have any questions or require additional information, please contact me at 914-254-6710.

Sincerely,

RW/mb

A021 NPR

NL-12-033 Docket Nos. 50-247, 50-286 Page 2 of 2

Enclosure:

1. 2011 Annual Fitness for Duty Program Performance Data Report and Fatigue Management Program Data Report

cc: Mr. William Dean, Regional Administrator, NRC Region 1

Mr. John Boska, Senior Project Manager, NRC NRR DORL

IPEC NRC Resident Inspector's Office

Mrs. Bridget Frymire, New York State Department of Public Service

Mr. Francis J. Murray, President and CEO, NYSERDA

Mr. Larry Vick, NRC NRR DIRS IOLB

### **ENCLOSURE 1 TO NL-12-033**

2011 Annual Fitness for Duty Program Performance Data Report and Fatigue Management Program Data Report

### **Burney, Michael W**

From:

EIEAdmin@nrc.gov

Sent:

Monday, February 27, 2012 9:52 AM

To: Burney, Michael W

Subject:

EIE: Submittal Confirmation!

Your EIE submission to the US Nuclear Regulatory Commission for docket 50-247 entitled '2011 Annual Fitness for Duty Program Performance Data Report and Fatigue Management Program Data Report' was received at 02/2012/27 09:51:14. Thank you.



# Electronic Information Exchange

Submission Update						be Reader 8 or late	nose marked 'optional'. or for this form to work properly. orm field to view additional information
Select Facility					Period of Rep	ort	
Indian Point [5	0-247; 50	-286]			2011		
ests Conducted	in the Cal				. 1		· · · · · · · · · · · · · · · · · · ·
Reason For	Testing	Licensee E	Total Number of imployees	Contractor			ber of Positive, Adulterated, , and Refusal to Test Results
Pre-Access			94		1,045		10
Random			664		215		5
For Cause			3		1		1
Post-Event			4		2		0
Followup			32		30		1
Total (Calculate	d)		797	,	1,293		17
Average r	number of employees	contra	ge number of actors/vendors		ze of the random to out the period (Ca	culated)	Annual random testing percentage achieved for the testing pool
	1,157		504			1,661	52.9
	sting Facility			ic Laboratories	gy Services		
			_	·			
	gram only te	est for NRC-required minimum cutoff	ed substances levels? (Yes / No	Yes		your program conditted in 26.163(a)(2)	
Substanc		Only NRC Cutoff rels? (Yes / No)	Initial Cutoff	Confirma Cutof		Testing? s / No)	Comment (Optional)
Alcohol	Yes				Not Ap	plicable	
Cocaine	Yes				Yes		Sample
Marijuana 3	Yes				Yes.	<u> </u>	Sample
Amphetamine					Yes	Dilute	Sample Sample
Optales September 1	Yes				Yes		Sample
PCP	liYes	i	1	1	llYes	11	p =

improve FFD					
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	• •	. As applicable, refere	nce in the topic desc	ription audit reports, 30-day	reports, and/
	on more than three top				
	Topic 1 Description		ingle Access to O. C.	14 2044 HONDA''	sifical the state
<del>,</del>	"time the supervisor		donor for random te	11-2011-HQN-01 it was iden sting" was not being consis Section 5.3	
			e. The AA/FFD staff	was coached on the requir	ements to tra-
	<u> </u>				
		.,	oughout 2011 All 9	samples were tested I OD I	hy the HHS-
			Jugilout 2011. All 9	samples were tested LOD i	Jy 1118 11113-
	1				
		•		•	
			<u></u>		
	_ <del> </del>				·
	random sampling re	eviewed by the auditor	did not contain enou	ugh objective evidence to in	dicate that
•	percentage was sm	all and could indicate	a perceived weakne	SS.	
		Coordinators are utilizing shift work schedules to identify a donor's testing availability to ensure that hours on all shifts are targeted for random collections.			
ation Provide	ed				
16-4				pettus@entergy.com	
Pettus	Last Name	Security Coordinator Position		Company Email	Address
	2000, 120,000	1 031001		·	
Griffin		Supervisor, Access/F	FD V	vgriffi1@entergy.com	
	Last Name	Positio	n Title	Company Email	
onsider this fo	rm authentic in accorda	Position Pos	n Title nen the "Validate & L		ted and all em
	nation Provide	Topic 2 Description There were 9 dilute Certified Laboratory  Topic 3 Description  During the Fitness random sampling rerandom testing was and it was identified percentage was sm	Topic 2 Description  There were 9 dilute samples identified three Certified Laboratory.  Topic 3 Description  During the Fitness for Duty/Access Author random sampling reviewed by the auditor random testing was being performed through the samples was small and could indicate a Coordinators are utilizing shift work sched on all shifts are targeted for random collections.	Topic 2 Description  Topic 2 Description  There were 9 dilute samples identified throughout 2011. All 9 Certified Laboratory.  Topic 3 Description  During the Fitness for Duty/Access Authorization Audit #QA-0 random sampling reviewed by the auditor did not contain enourandom testing was being performed throughout a 24 hour per and it was identified that there were collections conducted durpercentage was small and could indicate a perceived weakness.  Coordinators are utilizing shift work schedules to identify a doron all shifts are targeted for random collections.	Topic 2 Description  There were 9 dilute samples identified throughout 2011. All 9 samples were tested LOD I Certified Laboratory.  Topic 3 Description  During the Fitness for Duty/Access Authorization Audit #QA-01-2011-HQN-01 it was iden random sampling reviewed by the auditor did not contain enough objective evidence to in random testing was being performed throughout a 24 hour period. An extent of condition and it was identified that there were collections conducted during the period of concern he percentage was small and could indicate a perceived weakness.  Coordinators are utilizing shift work schedules to identify a donor's testing availability to e on all shifts are targeted for random collections.

# Electronic Information Exchange NRC FFD Program Performance Data Reporting System

` Sii	ngle Positive	Test Form for	r the EIE Genera	al Submission Port	al
Submission Update				Note: 1) All fields are required exce	ot those marked 'optional'.
Unique Reference Number (Licens	an Cumplind)				may result in information being auto-
2011-IPEC-001	ee Supplied)			3) Use Adobe Reader 8 or lat	er for this form to work properly. rm field to view additional information.
Select Facility			•		
Indian Point [50-247; 50-286]	····			Date of Collection (mm/	dd/yyyy) 02/07/2011
Reason for Testing - 26.717(b)(5)	Pre-Acce	ss Testing Reason (	(optional)		•
Pre-Access	Please S	elect			
Employment Type - 26.717(b)(3)					
Contractor/Vendor					•
Labor Category - 26.717(b)(3)		•			
Maintenance (Craft)					
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes /	No)? No	1			
Test Results - 26.717(b)(4)	L	.]			
Test Validity					
Valid			•		
Test Type(s) for Result(s) Reported	d - 26 717(b)(2)		D T		*
Drug Only	u - 20.717(b)(2)		Drug Testing	7	
Diag Oilly			Urine	J	
Was this collection observed (Ye	s / No)? - 26.717(b	)(7) & 26.75 No			
Substance - 26.717(b)(2) & (b)(6)		Additional Subst	tance (as applicable)	Additional Su	bstance (as applicable)
Marijuana		Please Select		Please Selec	t
Is this a 24-Hour Reporting Ever	nt (Yes/No)? - 26.7'	19(b)No		V	
		19(0)[NO			
Subversion Attempts - 26.717(b)  Did this collection involve a subver		No ·			
Management Actions - 26.717(b)( Reason for the Action First drug or alcohol positive	8) & 26.75				
Sanction Applied (NRC Minimum or Licensee Admin	istrated)				
Licensee Administrated					
Specific Sanction Applied					
3- Year Denial					
Person(s) Responsible for Inform	ation Provided				
Person 1 (required):	7		7		
KELLY	PETTUS		SECURITY COORDINA		
First Name Person 2 (optional):	Las	t Name	Position T	itle	Company Email Address
WAYNE	GRIFFIN		SUPERVISOR, ACCES	S/FFD wgriff1@ent	ergy.com
First Name	JL	t Name	Position T		Company Email Address
Final Step (Required) - NRC will co (i.e., those highlighted in red) have completed and the form is ready for	onsider this form au been corrected. The	thentic in accordan	ce with 26.11 only wher	the "Validate & Lock" butt	on has been selected and all errors

Save to Local PC Print this Report

Locked On: Feb 18, 2012 at 11:28:42 AM

Submission Update			Note: 1) All fields are required except those marked 'optional'.		
Unique Reference Number (Licensee 2011-IPEC-002	Supplied)		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.		
			4) Hold your mouse over a form field to view additional information.		
Select Facility Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 02/16/2011		
Reason for Testing - 26.717(b)(5)	Please elaborate (optional)		L		
Random		, altered	]		
Employment Type - 26.717(b)(3)	_				
Contractor/Vendor	7 L		4		
Labor Category - 26.717(b)(3)					
Maintenance (Craft)					
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes / N	io)? No				
Test Results - 26.717(b)(4)	· [		·		
Test Validity					
Valid					
<u></u>	26.747(h)/2)	5 7 6			
Test Type(s) for Result(s) Reported	20.717(0)(2)	Drug Testing	,		
Drug Only		Urine			
Was this collection observed (Yes	/No)? - 26.717(b)(7) & 26.75 No				
Substance - 26.717(b)(2) & (b)(6)		tance (as applicable)	Additional Substance (as applicable)		
Marijuana	Please Select		Please Select		
- Instruction	The state of the s		) read detect		
Is this a 24-Hour Reporting Event	(Yes/No)? - 26.719(b) No				
Subversion Attempts - 26.717(b)(7)	and 26.75(b)				
Did this collection involve a subversion	on attempt (Yes/No)?				
Management Actions - 26.717(b)(8)	& 26.75				
Reason for the Action First drug or alcohol positive					
Sanction Applied (NRC Minimum or Licensee Adminis	trated)				
Licensee Administrated					
Specific Sanction Applied					
3- Year Denial					
Person(s) Responsible for Informat Person 1 (required):	ion Provided				
KELLY	PETTUS	SECURITY COORDINA	TOR kpettus@entergy.com		
First Name	Last Name	Position T	· ·		
Person 2 (optional):					
WAYNE	GRIFFIN	SUPERVISOR, ACCES			
First Name	Last Name	Position T	itle Company Email Address the "Validate & Lock" button has been selected and all errors		
	een corrected. The "Validate & Lock"		ocked" after the data validation process has been successfully		
Locked Form Locked	On: Feb 18, 2012 at 11:30:01 AM		Save to Local PC Print this Report		

Submission Update  Unique Reference Number (Licensee Supplied)  2011-IPEC-003	Note:  1) All fields are required except those marked 'optional'.  2) Entries in some form fields may result in information being autopopulated into other form fields.  3) Use Adobe Reader 8 or later for this form to work properly.  4) Hold your mouse over a form field to view additional information.
Select Facility	Date of Collection (mm/dd/yyyy) 02/22/2011
Indian Point [50-247; 50-286]	Date of Collection (mm/dd/yyyy)
Reason for Testing - 26.717(b)(5)     Pre-Access Testing Reason (optional)       Pre-Access     Please Select	
<u> </u>	
Employment Type - 26.717(b)(3)	,
Contractor/Vendor	
Labor Category - 26.717(b)(3)  Maintenance (Craft)	
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes / No)?	
Test Results - 26.717(b)(4)	
Test Validity	
Valid	
Test Type(s) for Result(s) Reported - 26.717(b)(2)  Drug Test	ing
Drug Only Urine	
Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75	
Substance - 26.717(b)(2) & (b)(6) Additional Substance (as app.	
Marijuana Please Select	Please Select
Limenterrapping	
Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) NO	
Subversion Attempts - 26.717(b)(7) and 26.75(b)	
Did this collection involve a subversion attempt (Yes/No)?	
Management Actions - 26.717(b)(8) & 26.75	
Reason for the Action First drug or alcohol positive	
Sanction Applied	
(NRC Minimum or Licensee Administrated)	
Licensee Administrated	
Specific Sanction Applied  3- Year Denial	
3- Teal Dellial	
Person(s) Responsible for Information Provided Person 1 (required):	
KELLY PETTUS SECURITY C	OORDINATOR kpettus@entergy.com
First Name Last Name Person 2 (optional):	Position Title Company Email Address
	R, ACCESS/FFD wgriff1@entergy.com
1	Position Title Company Email Address
Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will cha completed and the form is ready for submission.	
Lacked Form Locked On: Feb 18, 2012 at 11:30:37 AM	Save to Local PC Print this Report

### NRC FFD Program Performance Data Reporting System

Single Positive Test Form for the EIE Gener	
Submission Update	Note: 1) All fields are required except those marked 'optional'.
Unique Reference Number (Licensee Supplied)	2) Entries in some form fields may result in information being auto- populated into other form fields.
2011-IPEC-004	3) Use Adobe Reader 8 or later for this form to work properly. 4) Hold your mouse over a form field to view additional information.
Select Facility	
Indian Point [50-247; 50-286]	Date of Collection (mm/dd/yyyy) 02/23/2011
Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason (optional)	
Pre-Access Please Select	7
Employment Type - 26.717(b)(3)	
Contractor/Vendor	
Labor Category - 26.717(b)(3)	
Maintenance (Craft)	
Refusal - 26.717(b)(7) & 26.75	
Was this collection refused (Yes / No)?	
Test Results - 26.717(b)(4)	
Test Validity	
Valid	
Test Type(s) for Result(s) Reported - 26.717(b)(2)  Drug Testing	
Drug Only Urine	
Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75	
Substance - 26.717(b)(2) & (b)(6)  Additional Substance (as applicable)	Additional Substance (as applicable)
Marijuana Please Select	Please Select
i reac accet	i icuse 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	
10 mou 1 mou	
Subversion Attempts - 26.717(b)(7) and 26.75(b)	
Did this collection involve a subversion attempt (Yes/No)? No	
, , , , , , , , , , , , , , , , , , ,	•
•	
Management Actions - 26.717(b)(8) & 26.75	-
Reason for the Action	
First drug or alcohol positive	
Sanction Applied	
(NRC Minimum or Licensee Administrated) Licensee Administrated	
Specific Sanction Applied 3- Year Denial	
3 Teal Definition	
Person(s) Responsible for information Provided	
Person 1 (required):	
KELLY PETTUS SECURITY COORDIN.	
First Name Last Name Position Person 2 (optional):	Title Company Email Address
WAYNE GRIFFIN SUPERVISOR, ACCES	SS/FFD wgriff1@entergy.com
First Name Last Name Position	Title Company Email Address
Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only whe (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will change to "I	
completed and the form is ready for submission.	Proceedings
Licked Form Locked On: Feb 18, 2012 at 11:31:10 AM	Save to Local PC Print this Report

Submission Update Unique Reference Number (Licensee Supplied) 2011-IPEC-005 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. 4) Hold your mouse over a form field to view additional information.
Indian Point [50-247; 50-286]		Date of Collection (mm/dd/yyyy) 02/23/2011
Reason for Testing - 26.717(b)(5) Pre-Access Testing Reason	on (optional)	<u> </u>
Pre-Access Please Select		
Employment Type - 26.717(b)(3)  Contractor/Vendor  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 Valid		
Test Type(s) for Result(s) Reported - 26.717(b)(2)	Drug Testing	
Drug Only	Urine	1
Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75		Addison
	bstance (as applicable)	Additional Substance (as applicable)
Cocaine Please Select	ct	Please Select
Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) No		
Subversion Attempts - 26.717(b)(7) and 26.75(b)		•
Did this collection involve a subversion attempt (Yes/No)? No		
Management Actions - 26.717(b)(8) & 26.75		
Reason for the Action		
First drug or alcohol positive		
Sanction Applied (NRC Minimum or Licensee Administrated)		
Licensee Administrated		
Specific Sanction Applied  3- Year Denial		
Person(s) Responsible for Information Provided Person 1 (required):		
KELLY	SECURITY COORDINA	TOR kpettus@entergy.com
First Name Last Name	Position T	itle Company Email Address
Person 2 (optional):  WAYNE GRIFFIN	SUPERVISOR, ACCES	S/FFD wgriff1@entergy.com
First Name Last Name	Position T	
Final Step (Required) - NRC will consider this form authentic in accord (i.e., those highlighted in red) have been corrected. The "Validate & Locompleted and the form is ready for submission.		
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Submission Update Unique Reference Number (Licensee	e Supplied)	1) 2) po 3)	ote: All fleids are required except those marked 'optional'. Entries in some form fields may result in information being auto- opulated into other form fields. Use Adobe Reader 8 or later for this form to work properly. Hold your mouse over a form field to view additional information.
Select Facility		4)	ricia your mouse over a some near to view authorial intermation.
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 03/02/2011
Reason for Testing - 26.717(b)(5)	Pre-Access Testing Reason	on (ontional)	
Pre-Access	Please Select	on (optional)	
Employment Type - 26.717(b)(3)  Contractor/Vendor	7		
Maintenance (Craft)	7		
Refusal - 26.717(b)(7) & 26.75	<u> </u>		
Was this collection refused (Yes / N Test Results - 26.717(b)(4)	lo)? No		
Test Validity			·
Valid			
Test Type(s) for Result(s) Reported -	- 26.717(b)(2)	Drug Testing	·
Drug Only		Urine	
Was this collection observed (Yes	(M-)2 26 747(b)(7) 8 26 75 N	1-	
Substance - 26.717(b)(2) & (b)(6)		bstance (as applicable)	Additional Substance (as applicable)
	<u></u>		
Marijuana	Opiates		PCP
Is this a 24-Hour Reporting Event	(Yes/No)? - 26.719(b)No		
Subversion Attempts - 26.717(b)(7)	) and 26.75(b)		
Did this collection involve a subversion	on attempt (Yes/No)? No		
Management Actions - 26.717(b)(8)	9 7G 7G		
Reason for the Action	, u 20.70	•	
First drug or alcohol positive			
Sanction Applied (NRC Minimum or Licensee Adminis Licensee Administrated	strated)		
Specific Sanction Applied  3- Year Denial			
i car serial			
Person(s) Responsible for Informat Person 1 (required):	tion Provided		
KELLY	PETTUS	SECURITY COORDINAT	
First Name Person 2 (optional):	Last Name	Position Tit	le Company Email Address
WAYNE	GRIFFIN	SUPERVISOR, ACCESS	/FFD wgriff1@entergy.com
First Name	Last Name	Position Til	
	een corrected. The "Validate & Lo		the "Validate & Lock" button has been selected and all errors cked" after the data validation process has been successfully
Locked Form Locker	d On: Feb 18, 2012 at 11:32:06 A	м	Save to Local PC Print this Report

Sing	jle Positive Test Form	n for the EIE Gene	ral Submission Portal
Submission Update			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.
2011-IPEC-007	Supplied) .		populated into enter form fields.  3) Use Adobe Reader 8 or later for this form to work properly.  4) Hold your mouse over a form field to view additional information.
Select Facility			
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 04/20/2011
Reason for Testing - 26.717(b)(5)	For Cause Testing Reas	son (optional)	<del></del>
For Cause	Please Select		
Employment Type - 26.717(b)(3)	7		
Licensee Employee			
HP/RP			·
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes / No	o)? No		
Test Results - 26.717(b)(4)			
Test Validity Not Applicable			
Test Type(s) for Result(s) Reported -	26.717(b)(2) Alcohol Testing	g	,
Alcohol Only	Breath		
Substance - 26.717(b)(2) & (b)(6)		•	
Alcohol			
Is this a 24-Hour Reporting Event (	( <b>Yes/No)?</b> - 26.719(b) No		
Subversion Attempts - 26.717(b)(7)	and 26.75(b)		
Did this collection involve a subversion			. 1
Did this conection involve a subversion	mattempt (res/110); [110		
Management Actions - 26.717(b)(8)	& 26.75		
Reason for the Action			
Second drug or alcohol positive	<u>:</u>		
Sanction Applied (NRC Minimum or Licensee Administ	(hetert		
Licensee Administrated	rated)		
Specific Sanction Applied			!
Permanent Denial			,
	······································		
Person(s) Responsible for Informat Person 1 (required):	ion Provided		:
KELLY	PETTUS	SECURITY COORDII	NATOR kpettus@entergy.com
First Name	Last Name	Position	
Person 2 (optional):			
WAYNE Einst Name	GRIFFIN Last Name	SUPERVISOR, ACCE	
	isider this form authentic in acco	ordance with 26.11 only wh	n Title Company Email Address  nen the "Validate & Lock" button has been selected and all errors "Locked" after the data validation process has been successfully
	d On: Feb 18, 2012 at 11:32:46	AM	Save to Local PC: Print this Report

Submission Update			All fields are required except those marked 'optional'.	
Unique Reference Number (Licensee S	Supplied)	poj	Entries in some form fields may result in information being a pulated into other form fields. Use Adobe Reader 8 or later for this form to work properly.	uto-
2011-IPEC-008			use wathe keader a or later for this form to work property. Hold your mouse over a form field to view additional informa	tion.
Select Facility			Date (10-11-11-11-11-11-11-11-11-11-11-11-11-1	
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 05/26/2011	
Reason for Testing - 26.717(b)(5) Random	Please elaborate (optional)			
Employment Type - 26.717(b)(3)				
Contractor/Vendor	<u> </u>			
Labor Category - 26.717(b)(3)				
Maintenance (Craft)				
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes / No)	7 No			
Test Results - 26.717(b)(4)				
Test Validity  Valid				
Test Type(s) for Result(s) Reported - 2	26.717(b)(2)	Drug Testing		
Drug Only		Urine		
Was this collection observed (Yes / i	No)? - 26.717(b)(7) & 26.75 No			
Substance - 26.717(b)(2) & (b)(6)		nce (as applicable)	Additional Substance (as applicable)	
Marijuana (5), (5), (6), (7)	Please Select		Please Select	
	cuse select	<u> </u>		
Hea NPC Count (V 141-10	U ND0 0 1 7 7	as / No.)? IV	Hea NDC Culoff (Van I Nava IV	
Use NRC Cutoff (Yes / No)? Yes	Use NRC Cutoff (Y	es/ NO)/ Yes	Use NRC Cutoff (Yes / No)? Yes	
J- 464 A274	(M-10 00 710)			
Is this a 24-Hour Reporting Event (Y	es/No)7 - 26.719(b)No			
Subversion Attempts - 26.717(b)(7) a	and 26.75(b)			
Did this collection involve a subversion	Γ			
			•	
Management Actions - 26.717(b)(8) 8	26.75			
Reason for the Action	······································			
First drug or alcohol positive				
Sanction Applied (NRC Minimum or Licensee Administra	ated)			
Licensee Administrated				
Specific Sanction Applied				
3- Year Denial				
Person(s) Responsible for Informatic Person 1 (required):	on Provided			
	PETTUS	SECURITY COORDINATO	R kpettus@entergy.com	
First Name	Last Name	Position Title		
Person 2 (optional):	1	<b>I</b>	· ·	
	GRIFFIN	SUPERVISOR, ACCESS/F		
First Name Final Step (Required) - NRC will consi	Last Name ider this form authentic in accordance	Position Title with 26.11 only when the	e Company Email Address he "Validate & Lock" button has been selected and all err	ors
	n corrected. The "Validate & Lock" b		ked" after the data validation process has been successful	
			Save to Local RC Print this Repo	الام
LOCKED Form Locked	On: Feb 18, 2012 at 11:33:12 AM		Save to cocal RC4 Runitalis Repo	

Submission Update	Note:  1) All fields are required except those marked 'optional'.
Unique Reference Number (Licensee Supplied)	Entries in some form fields may result in information being auto- populated into other form fields.
2011-IPEC-009	3) Use Adobe Reader 8 or later for this form to work properly. 4) Hold your mouse over a form field to view additional information.
Select Facility	
Indian Point [50-247; 50-286]	Date of Collection (mm/dd/yyyy) 07/25/2011
Reason for Testing - 26.717(b)(5)     Pre-Access Testing Reason (optional)       Pre-Access     Please Select	
Employment Type - 26.717(b)(3)  Contractor/Vendor	
Labor Category - 26.717(b)(3)	
Maintenance (Craft)	
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes / No)?	
Test Results - 26.717(b)(4)	
Test Validity	
Valid	
Test Type(s) for Result(s) Reported - 26.717(b)(2)  Drug Testing	
Drug Only Urine	
Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75 No	
Substance - 26.717(b)(2) & (b)(6)  Additional Substance (as applicable)	e) 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)	
Did this collection involve a subversion attempt (Yes/No)?	
Management Actions - 26.717(b)(8) & 26.75	
Reason for the Action	
First drug or alcohol positive	
Sanction Applied (NPC Minimum or Licenson Administrated)	
(NRC Minimum or Licensee Administrated) Licensee Administrated	
Specific Sanction Applied	
3- Year Denial	
Person(s) Responsible for Information Provided	
Person 1 (required):	
KELLY - PETTUS SECURITY COORD	
First Name Last Name Position Person 2 (optional):	on Title Company Email Address
WAYNE GRIFFIN SUPERVISOR, ACC	CESS/FFD wgriff1@entergy.com
First Name Last Name Positi	on Title Company Email Address
Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 only (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will change tompleted and the form is ready for submission.	
Locked Form Locked On: Feb 18, 2012 at 11:34:17 AM	Save to Local PC Print this Report
1 0111 200,000 011. p 60 10, 2012 at 11.04.17 All	Karana Sanatanahana

Submission Update		1	Note: f) All fields are required except those marked 'optional'.
Unique Reference Number (Licensee Supp	nlied)	ļ	2) Entries in some form fields may result in information being auto- copulated into other form fields. 3) Use Adobe Reader 8 or later for this form to work properly.
2011-IPEC-010			f) Hold your mouse over a form field to view additional information.
Select Facility  Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 08/10/2011
Reason for Testing - 26.717(b)(5)	Pre-Access Testing Reason (o	optional)	Kannagara approximation and all and a second a second and
Pre-Access	Please Select		
Employment Type - 26.717(b)(3)			
Contractor/Vendor			
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			
Valid			
Test Type(s) for Result(s) Reported - 26.7	17(b)(2)	Drug Testing	٦
Drug Only		Urine	J
Was this collection observed (Yes / No)	7 - 26.717(b)(7) & 26.75 No		
Substance - 26.717(b)(2) & (b)(6)	Additional Substa	ince (as applicable)	Additional Substance (as applicable)
Marijuana	Please Select		Please Select
Use NRC Cutoff (Yes / No)? Yes	Use NRC Cutoff (Y	'es / No)? Yes	Use NRC Cutoff (Yes / No)? Yes
•			
Is this a 24-Hour Reporting Event (Yes/i	No)? - 26.719(b) No		
Subversion Attempts - 26.717(b)(7) and 2	<u> </u>		
Did this collection involve a subversion attor	empt (Yes/No)? No		
Management Actions - 26.717(b)(8) & 26.	75		
Reason for the Action	,,,		
First drug or alcohol positive			
Sanction Applied (NRC Minimum or Licensee Administrated	<b>N</b>		
Licensee Administrated	ጎ		
Specific Sanction Applied			
3- Year Denial			
Person(s) Responsible for Information P	travildad		
Person 1 (required):	rovided		
KELLY	rus	SECURITY COORDINA	TOR kpettus@entergy.com
First Name Person 2 (optional):	Last Name	Position T	itle Company Email Address
WAYNE GRIF	:FIN	SUPERVISOR, ACCESS	S/FFD wgriff1@entergy.com
First Name	Last Name	Position T	itle Company Email Address
			n the "Validate & Lock" button has been selected and all errors ocked" after the data validation process has been successfully
completed and the form is ready for submis		•	
Locked On:	Feb 18, 2012 at 11:34:45 AM		Save to Local PC Print this Report®

Single Positive Test Form for the	e cie General Submission Fortal
Submission Update	Note: 1) All fields are required except those marked 'optional'.
Unique Reference Number (Licensee Supplied)	Entries in some form fields may result in information being autopopulated into other form fields.
2011-IPEC-011	<ol> <li>Use Adobe Reader 8 or later for this form to work properly.</li> <li>Hold your mouse over a form field to view additional information.</li> </ol>
Select Facility	p
Indian Point [50-247; 50-286]	Date of Collection (mm/dd/yyyy) 09/03/2011
Reason for Testing - 26.717(b)(5) Please elaborate (optional)	
Random	
Employment Type - 26.717(b)(3)	·
Licensee Employee	,
Labor Category - 26.717(b)(3)	
Security	
Refusal - 26.717(b)(7) & 26.75	
Was this collection refused (Yes / No)? No	
Test Results - 26.717(b)(4)	
Test Validity Valid	
Γ	Drug Testing
Drug Only	Jrine
Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75	
Substance - 26.717(b)(2) & (b)(6) Additional Substance	(as applicable) Additional Substance (as applicable)
Marijuana Please Select	Please Select
<u> </u>	
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)	
Did this collection involve a subversion attempt (Yes/No)?	<b>]</b> .
· · · · · · · · · · · · · · · · · · ·	
Management Actions - 26.717(b)(8) & 26.75	
Reason for the Action	
First drug or alcohol positive	
Sanction Applied	
(NRC Minimum or Licensee Administrated) NRC Minimum	
Specific Sanction Applied  14- Day Denial	
14- Day Dellai	
Person(s) Responsible for Information Provided	
Person 1 (required):	
<u> </u>	CURITY COORDINATOR kpettus@entergy.com
First Name Last Name Person 2 (optional):	Position Title Company Email Address
WAYNE GRIFFIN SU	PERVISOR, ACCESS/FFD wgriff1@entergy.com
First Name Last Name	Position Title Company Email Address
	th 26.11 only when the "Validate & Lock" button has been selected and all errors n will change to "Locked" after the data validation process has been successfully
completed and the form is ready for submission.	
Locked On: Feb 18, 2012 at 11:35:25 AM	Save to Local PC Print this Report

	ositive rest Form for		Note:	
Submission Update			<ol> <li>All fields are required except those ma</li> <li>Entries in some form fields may result</li> </ol>	
Unique Reference Number (Licensee Supp	lied)		populated into other form fields.  3) Use Adobe Reader 8 or later for this fo	
2011-IPEC-012			4) Hold your mouse over a form field to v	
Select Facility				0/13/2014
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 1	0/13/2011
Reason for Testing - 26.717(b)(5)	Please elaborate (optional)		7	
Random				
Employment Type - 26.717(b)(3)				
Contractor/Vendor			l	
Labor Category - 26.717(b)(3)				
Maintenance (Craft)				
Refusal - 26.717(b)(7) & 26.75	NI-			
	No			
Test Results - 26.717(b)(4)				
Test Validity				
Valid				
Test Type(s) for Result(s) Reported - 26.71	7(b)(2)	Drug Testing	· ·	
Drug Only		Urine	_	
Was this collection observed (Yes / No)?	- 26.717(b)(7) & 26.75 No			
Substance - 26.717(b)(2) & (b)(6)	· · · · · · · · · · · · · · · · · · ·	ance (as applicable)	Additional Substance (a	s applicable)
Marijuana	Please Select		Please Select	
Manjuaria	r rease sereet		[Ficase Select	
Use NRC Cutoff (Yes / No)? Yes	Use NRC Cutoff (\)	/es / No)? Yes	Use NRC Cutoff (Yes / N	o)? Yes
Jackie a 24 Have Barastina Count World	No. 12 20 740 (N.)			
Is this a 24-Hour Reporting Event (Yes/N	10) 7 - 26.7 (9(0) NO			
Subversion Attempts - 26.717(b)(7) and 2	26.75(b)			
Did this collection involve a subversion atte	empt (Yes/No)? No			
		·············		
Management Actions - 26.717(b)(8) & 26.	75			
Reason for the Action	,,,			
First drug or alcohol positive	7			
Sanction Applied				
(NRC Minimum or Licensee Administrated	<u> </u>			
Licensee Administrated				
Specific Sanction Applied	7			
3- Year Denial				
Person(s) Responsible for Information Person 1 (required):	rovided			
KELLY PETT	rus	SECURITY COORDINA	TOR kpettus@entergy.com	
First Name	Last Name	Position 1		Email Address
Person 2 (optional):				
WAYNE GRIF	FIN	SUPERVISOR, ACCES	sS/FFD wgriff1@entergy.com	
First Name	Last Name	Position 1		Email Address
Final Step (Required) - NRC will consider (i.e., those highlighted in red) have been co completed and the form is ready for submis	rrected. The "Validate & Lock" b			
Lacked On:	Feb 18, 2012 at 11:37:32 AM		Save to Local PC	Print this Report

Onligie / Oslave Test / Office Liz o	Note:
Submission Update	1) All fields are required except those marked 'optional'. 2) Entries in some form fields may result in information being auto-
Unique Reference Number (Licensee Supplied) 2011-IPEC-013	populated into other form fields. 3) Use Adobe Reader 8 or later for this form to work properly. 4) Hold your mouse over a form field to view additional information.
Select Facility	
Indian Point [50-247; 50-286]	Date of Collection (mm/dd/yyyy) 10/19/2011
Reason for Testing - 26.717(b)(5) Please elaborate (optional)	
Random	
Employment Type - 26.717(b)(3)	
Contractor/Vendor	-
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 Valid	
Test Type(s) for Result(s) Reported - 26.717(b)(2)         Drug Testi           Drug Only         Urine	ng
Drug Only Urine	
Was this collection observed (Yes / No)? - 26.717(b)(7) & 26.75 No	,
Substance - 26.717(b)(2) & (b)(6)  Additional Substance (as applied to the substance of the	cable) 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
USE NAC CORDIT (165 / NO)? [165	25 Use NIC Calon (Tes / No) / [Tes
Is this a 24-Hour Reporting Event (Yes/No)? - 26.719(b) NO	
Subversion Attempts - 26.717(b)(7) and 26.75(b)	
Did this collection involve a subversion attempt (Yes/No)?	
(	
Management Actions - 26.717(b)(8) & 26.75	
Reason for the Action	
First drug or alcohol positive	
Sanction Applied	·
(NRC Minimum or Licensee Administrated) Licensee Administrated	
Specific Sanction Applied  3- Year Denial	
Person(s) Responsible for Information Provided	•
Person 1 (required):	
KELLY PETTUS SECURITY CO	
First Name Last Name P Person 2 (optional):	osition Title Company Email Address
WAYNE GRIFFIN SUPERVISOR	, ACCESS/FFD wgriff1@entergy.com
	osition Title Company Email Address
Final Step (Required) - NRC will consider this form authentic in accordance with 26.11 c (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will char	
completed and the form is ready for submission.	
Form Locked On: Feb 18, 2012 at 11:38:19 AM	Save to Local PC Print this Report

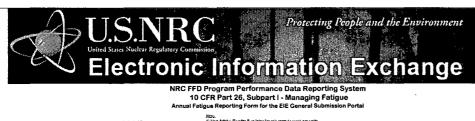
### NRC FFD Program Performance Data Reporting System

Submission Update Unique Reference Number (Licensee :	Supplied)		Al Submission Fortal  Note:  1) All fields are required except thos  2) Entries in some form fields may re populated into other form fields.	esult in information being auto-
2011-IPEC-014			<ol> <li>Use Adobe Reader 8 or later for the</li> <li>Hold your mouse over a form field</li> </ol>	
Select Facility		<del></del>	Data of Calle of the forest date	11/07/2011
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy	)[1707/2011
Reason for Testing - 26.717(b)(5)	Pre-Access Testing Re	ason (optional)	٦	
Pre-Access	Please Select			
Employment Type - 26.717(b)(3)  Contractor/Vendor				
Maintenance (Craft)				
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 -	26 717(h)(2)	Drug Testing		
Drug Only		Urine		
			<b></b>	
Was this collection observed (Yes /		No		
Substance - 26.717(b)(2) & (b)(6)		Substance (as applicable)	Additional Substance	e (as applicable)
Marijuana	Please Se	lect	Please Select	
Is this a 24-Hour Reporting Event (	Yes/No)? - 26.719(b) No			
Subversion Attempts - 26.717(b)(7)	and 26.75(b)			
Did this collection involve a subversion	n attempt (Yes/No)? No		*	
Management Actions - 26.717(b)(8) (	<b>3</b> 26 75			
Reason for the Action				
First drug or alcohol positive				
Sanction Applied (NRC Minimum or Licensee Administr	rated)			
Licensee Administrated	alco,			
Specific Sanction Applied				
3- Year Denial				
Person(s) Responsible for Information Person 1 (required):	on Provided			
KELLY	PETTUS	SECURITY COORDINA	ATOR kpettus@entergy.co	om
First Name	Last Name	Position 1	Fitle Comp	any Email Address
Person 2 (optional):	GRIFFIN	SUPERVISOR, ACCES	SS/FFD wgriff1@entergy.co	m
First Name	Last Name	Position		any Email Address
Final Step (Required) - NRC will cons (i.e., those highlighted in red) have bee completed and the form is ready for su	sider this form authentic in accord corrected. The "Validate &	cordance with 26.11 only whe	n the "Validate & Lock" button has	been selected and all errors
Locked Form Locked	On: Feb 18, 2012 at 11:38:43	3 AM	Save to Local	PC Print this Report

Submission Update			Note: 1) All fields are required except those marked 'optional'.
Unique Reference Number (Licensee S	Supplied)		<ol><li>Entries in some form fields may result in information being auto- populated into other form fields.</li></ol>
2011-IPEC-015			3) Use Adobe Reader 8 or later for this form to work properly. 4) Hold your mouse over a form field to view additional information.
Select Facility			·
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 11/17/2011
Reason for Testing - 26.717(b)(5)	Please elaborate	on the reason for testing (optional	<u>)</u>
Followup			
Employment Type - 26.717(b)(3)			
Contractor/Vendor			
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			
Valid			
Test Type(s) for Result(s) Reported - 2	26.717(b)(2)	Drug Testing	orreng
Drug Only		Urine	
		no 75 [4:	
Was this collection observed (Yes / Substance - 26.717(b)(2) & (b)(6)	, , , , ,	26.75 No tional Substance (as applicable)	Additional Substance (as applicable)
	r		
Cocaine	Plea	se Select	Please Select
Use NRC Cutoff (Yes / No)? Yes	Use I	NRC Cutoff (Yes / No)? Yes	Use NRC Cutoff (Yes / No)? Yes
			,
to this a Od those Occasion Free to			
Is this a 24-Hour Reporting Event ()	res/NO) / - 20./ 19(b) N	0	
Subversion Attempts - 26.717(b)(7) a	and 26.75(b)		
		lo l	
Did this collection involve a subversion	attempt (Tes/No)7	No	
Management Actions - 26.717(b)(8) 8	k 26.75		
First drug or alcohol positive			
Sanction Applied			
(NRC Minimum or Licensee Administra	ated)		
Licensee Administrated		•	
Specific Sanction Applied			
3- Year Denial			
Person(s) Responsible for Information Person 1 (required):	on Provided		
KELLY	PETTUS	SECURITY COORDIN	ATOR kpettus@entergy.com
First Name	Last Name	Position	Title Company Email Address
Person 2 (optional):			
	GRIFFIN	SUPERVISOR, ACCE	
First Name  Final Step (Required) - NRC will cons	Last Name		Title Company Email Address en the "Validate & Lock" button has been selected and all errors
(i.e., those highlighted in red) have bee	en corrected. The "Valid		Locked" after the data validation process has been successfully
completed and the form is ready for su		130:10 AM	Save to Local PC

Submission Update Unique Reference Number (Licensee Su 2011-IPEC-016	pplied)		2) Entries in some ( populated into othe 3) Use Adobe Read	uired except those marked 'optional'. form fields may result in information being auto- r form fields. er 8 or later for this form to work property. over a form field to view additional information.
Select Facility			7) ISOIU YOUF MOUSE	GVV. A COID REIG TO VIEW MUNISORS IMPORTATION.
Indian Point [50-247; 50-286]			Date of Collect	ion (mm/dd/yyyy) 11/28/2011
Reason for Testing - 26.717(b)(5)	Pre-Access Testing Reason (d	optional)		
Pre-Access	Please Select			
Employment Type - 26.717(b)(3)				
Contractor/Vendor				
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				
Valid				
Test Type(s) for Result(s) Reported - 26	.717(b)(2)	Drug Testing	7	
Drug Only		Urine	_	
Was this collection observed (Yes / No	o)? - 26.717(b)(7) & 26.75 No			
Substance - 26.717(b)(2) & (b)(6)	L	ance (as applicable)	Addit	ional Substance (as applicable)
Opiates	Please Select		Plea	se Select .
Use NRC Cutoff (Yes / No)? Yes	Use NRC Cutoff (1	/es / No)? Yes	Use f	NRC Cutoff (Yes / No)? Yes
Is this a 24-Hour Reporting Event (Ye				
Subversion Attempts - 26.717(b)(7) an	d 26.75(b)			
Did this collection involve a subversion a	attempt (Yes/No)? No			
Management Actions - 26.717(b)(8) & 2	26.75			
Reason for the Action	<u>.</u>			
First drug or alcohol positive				•
Sanction Applied (NRC Minimum or Licensee Administrat	nd)			
Licensee Administrated	ed)			
Specific Sanction Applied				
3- Year Denial				
Person(s) Responsible for information	Provided			
Person 1 (required):		I		
	mus	SECURITY COORDINA		pettus@entergy.com
First Name Person 2 (optional):	Last Name	Position	ı ille	Company Email Address
WAYNE GI	RIFFIN	SUPERVISOR, ACCES	SS/FFD V	rgriff1@entergy.com
First Name	Last Name	Position		Company Email Address
	corrected. The "Validate & Lock" b			.ock" button has been selected and all errors ata validation process has been successfully
Locked O	n: Feb 18, 2012 at 11:39:38 AM		रिकार	Save to Local PC

Submission Update 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 autopopulated into other form fields.  3) Use Adobe Reader 8 or later for this form to work property.
2011-IPEC-017			4) Hold your mouse over a form field to view additional information.  4)
Select Facility		1	Date of Oalle of the Complete
Indian Point [50-247; 50-286]			Date of Collection (mm/dd/yyyy) 11/28/2011
Reason for Testing - 26.717(b)(5) Pre-Access	Pre-Access Testing Reason Please Select	(optional)	
Employment Type - 26.717(b)(3)	_		
Contractor/Vendor			
Labor Category - 26.717(b)(3)	···		
Maintenance (Craft)			
Refusal - 26.717(b)(7) & 26.75 Was this collection refused (Yes / N	o)? No		;
Test Results - 26.717(b)(4)			
Test Validity			
Valid			
Test Type(s) for Result(s) Reported -	26.717(b)(2)	Drug Testing	7
Drug Only		Urine	
Was this collection observed (Yes	/Na)2 - 26.717(b)(7) & 26.75 No.	<del></del>	
Substance - 26.717(b)(2) & (b)(6)		 tance (as applicable)	Additional Substance (as applicable)
Marijuana	Please Select		Please Select
Manjaana	, rease select		ricase serece
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)		•
Did this collection involve a subversion	on attempt (Yes/No)? No		
•			
Management Actions - 26.717(b)(8)	& 26.75		
Reason for the Action			
First drug or alcohol positive	,		
Sanction Applied (NRC Minimum or Licensee Adminis	trated)		
Licensee Administrated			
Specific Sanction Applied			
3- Year Denial			
Person(s) Responsible for Informat Person 1 (required):	ion Provided		
KELLY	PETTUS	SECURITY COORDIN	ATOR kpettus@entergy.com
First Name	Last Name	Position	
Person 2 (optional):	<u> </u>	1	·
WAYNE	GRIFFIN .	SUPERVISOR, ACCE	
First Name	Last Name	Position	' '
	en corrected. The "Validate & Lock"		en the "Validate & Lock" button has been selected and all errors Locked" after the data validation process has been successfully
Locked Form Locker	On: Feb 18, 2012 at 11:40:18 AM		Save to Local PC



Select Facility Indian Point [50-24	17; SO-286]		eriod of Report		Note: 1) Use Adobe 2) Hold your:	Reader 8 or nouse over a	ister for this sorm to wo form field to view addit	nk proseity. Kyvali informatio	n.											
Did your facility issue a reporting period? (Yes	is - check this box only if this is an update to any waivers in the Was this facility	a previous submi r in an outage for 17 (Yes / No)	ssion. any part of the	Did any single site days in total? (Yes	outage last more the	n 60														
reporting period? (Yes	(/ No) reporting perio	17 (Yes / No)			/ No)															
	ves   Yes   No   No   No   No   No   No   No   N																			
Summary of true	Number of Walvers issued																			
,	Work Hour Controls		perating or on- the operations of described in	ste directing of of systems, as		Performing health physics or disminstrated or described in members at second of the brigade period of members at second of the brigade or consideration of members at second of the brigade or consideration of members at second of the brigade or consideration of members at second of the brigade or consideration of the brigade of the bri							Perk	Performing security duties, as described in Total Total (days 1-40)				Chilege Total (after day 50)	Combined Total	
		Operation	197.65		Operating	Operating Outage Outage (days 1-60) (after day 60)			Outage (days 1-60)	Outlage (after they 69)	Operating	Outage (days 1-60		Operating	Ourlage (clays 1-60)	Outage (after day 60)	(Calculated)	(Calculated)	(Calculated)	(Celturates)
Daily Work	Expeeded 15 work hat in any 24 hr period		] [[							- 1				33			Ж	0		34
Hours 26.205(d)(1)	Exceeded 28 work has in any 48 hr period	<u></u>	] 🖟			\[								45			46	0		46
	Exceeded 72 work hrs in any 7 day period	24	] [[_											4		1	•	0		4
Rest Breaks 28.205(d)(2)	Less then 10 hr breek bit successive work periods (or 8 fir breek accommodating scheduled transition bit shifts)	<b>4</b> $\square$	ם 🎑				j							7			7	0		7
26.205(d)(2)	Less then 34 hr break in any 9 day period																	0		0
	Average of less than 1 day off per week for 8-hour shifts	:// <u> </u>				10 m			- Soft			EV.					6	200		0
Minimum	Average of less than 2 days off per week for 10-hour shifts		] ````			100			18 m			project.					0			0
Days Off Per Shift	Average of less than 2.5 days off per was for 12-hour shifts		]   ///	v w w www.www.					doppe	<i>y</i>		1								0
Cycle 26.205(d)(3)	Average of less than 2 days off per week for 12-hour maintenance shifts			*Y22 WWW.		9000			\$) \$4.65 (0.656)	4 70 38 30		4,000								0
	Average of less than 3 days off per week for 12-hour security shifts		\$	ें		S 12 6			200	1 7 00 11 10 00 00 00 00 00				66			66			66
Minimum Days Off	Lets than 3 days off per successive 15-de period 26.205.(d)(4)	55				<u> </u>												0		0
for Outage Activities (during first 50 days of outage) 26.205(d)(4) and 26.205(d)(5)	Less than 1 day off per 7-day period for maintenance personnel 26.205.(d)(4)		2.7800	200			e. postavenos e con		2.3											
26.205(d)(5)	Lass than 4 days off per successive 15-ds period for security personnel 26.205 (d)(5		li X						1000											
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