

## FFD Program Performance Data Reporting System Annual Reporting Form for Drug and Alcohol Tests

(EIE General Submission Portal)

Submission Update						2) Use Adob	e Reader 8 or	pt those marked later for this forn a form field to vie	n to work prope		
Select Facility					_ P	eriod of Repo	rt				
Dresden [50-237; 5	50-249]					2013					
Tests Conducted in t	he Calendar	Year									
Reason For Test	ing	Licences	Total Number of Employees				otal Number of Positive, Adulterated,				
Pre-Access		Licensee	139		Contractors/Vendors		6		•		
Random			494			168			3		
For Cause			1			2			3		
Post-Event			5		1			0			
Followup			104			95			1		
Total (Calculated)			743	743		151	13				
Average number of licensee employees  917  Average number of contractors/vendors  917  Average number of licensee employees  917  Average number of contractors/vendors  917  Boes your program use a Licensee Testing Facility? (Yes / No)  Identify your Blind Performance Test Sample supplier(s)  ElSohly  26.717(d) Reporting Positive Initial Drug Test Results (Marijuana and Cocaine) - Licensee Testing Facility (LTF)  Enter values into this table if your program terminates an individual's authorization or take administrative action on the initial positive test result.  Substance  LTF Results  HHS Laboratory Results  MRO Determinations  Marijuana  Cocaine  Total (Calculated)  Total (Calculated)											
Did your program of AND at the NRC-s  Special Analyses	only test for Napecified mini	mum cutof	f levels? (Yes / N Total Num Specimen	Yes ber of "Dilute Test Result		permitted	d in 26.163(a)(  Total Number	nduct LOD testing 2)? (Yes / No) of "Dilute" Specim ses Testing Condu		1	
Substance	Use Only N Levels? (		Initial Confirmat Cutoff Cutoff			Testing? es / No)	Comment (Optional)				
Alcohol	Yes				Not Ap	plicable					
Cocaine	Yes				Yes						
Marijuana	Yes				Yes						
Amphetamines	Yes				Yes						
Opiates	Yes				Yes						
PCP	Yes				Yes						

Substances Tested - continued								
Summary of Management Actions								
Summarize actions implemented to i corrective action reports. If reporting	mprove FFD p information o	rogram performance. An more than three topic	As applicable, reference in the topic d s, select "Others" for Topic 3 to report	escription audit reports, 30 any additional topics.	J-day reports, and/or			
		Topic 1 Description	.,	,				
Topic 1 Other(s)		(1) Licensee reported	42 tests (1 for Licensee Employees,		egory "Pre-Access			
Other(s)		Random." These tests	s were included under the Pre-Access	category.				
Please elaborate:								
Form does not provide a separate capture this data.	field to							
		Tania O Danadatian						
Topic 2 Program and System Manage		Topic 2 Description  There were one (1) re-analysis performed for this reporting period and it re-confirmed.						
Frogram and System Manage	ment							
☐ Add an additional Topic								
7 dad air additionar ropio								
Person(s) Responsible for Informat	ion Provided							
Person 1 (required):	ion i rovided							
Susan	Techau		AA/FFD Program Manager	susan.techau@exeloncorp.	.com			
First Name	L	ast Name	Position Title	Company Em	nail Address			
Person 2 (optional):				1				
First Name		ast Name	Position Title	Company Em				
Final Step (Required) - NRC will con (i.e., those highlighted in red) have be	en corrected.	aumentic in accordance The "Validate & Lock" b	e with 20.11 only when the "Validate outton will change to "Locked" after the	x ∟ock button has been s e data validation process h	nas been successfully			
completed and the form is ready for su	ubmission.							
Locked Form Locked	On: Apr 29, 2	014 at 5:49:29 PM		Save to Local PC	Print this Report			