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AUTH. NAME AUTHOR AFFILIATION
TUCKMAN, M.S. Duke Power Co.
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SUBJECT: Provides unsatisfactory performance test results from FFD program for ONS, MNS, & CNS.

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Duke Power Company
P.O. Box 1006
Charlotte, NC 28201-1006

M. S. TUCKMAN
Senior Vice President
Nuclear Generation
(704)382-2200 Office
(704)382-4360 Fax



DUKE POWER

February 20, 1996

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D. C. 20555

Subject: Fitness-For-Duty Program
Unsatisfactory Performance Test Result

Oconee Nuclear Station
Docket Numbers 50-269, -270 and -287
McGuire Nuclear Station
Docket Numbers 50-369 and -370
Catawba Nuclear Station
Docket Numbers 50-413 and -414

Attached is a report, as required by 10CFR 26, Appendix A, of unsatisfactory performance test results.

If there are any questions, please contact G. A. Copp at (704)382-5826.

Very truly yours,

M. S. Tuckman

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U. S. Nuclear Regulatory Commission
February 20, 1996
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Mr. Victor Nerses, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Mail Stop 14H25, OWFN
Washington. D. C. 20555

Mr. R. E. Martin, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Mail Stop 14H25, OWFN
Washington, D. C. 20555

Mr. L. A. Wiens, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Washington. D. C. 20555

Mr. S. D. Ebnetter, Regional Administrator
U. S. Nuclear Regulatory Commission - Region II
101 Marietta Street, NW - Suite 2900
Atlanta, GA 30323

February 19, 1996

SUBJECT: False Negative Blind Urine Drug Screens

Two spiked positive blind specimens were incorrectly identified by SmithKline Beecham Laboratory in Atlanta as negative in the last 3 months of 1995. Dr. Jerry McHan, Toxicologist of Quality Assurance Associates, notified Duke Power on February 9, 1996 of these results. Both of these specimens were spiked with 1500 ng of Amphetamine. Dr. McHan has investigated with Dr. Barry Sample, the Laboratory Director of SmithKline Beecham. His report is attached.

I discussed this with Dr. Sample on February 12, 1996. The laboratory is using the procedure for calibration of the EMIT as described by the manufacturer of the reagents. These two screenings were just beneath the cutoff level. During the same time period, five other amphetamine specimens at the same level were correctly identified and all methamphetamine blinds were correctly identified as well as all other substances submitted. Corrective action is that he is going to discuss this with the manufacture of the EMIT reagents and institute measures to accurately identify amphetamine at these levels.

W. E. Dukes, Jr., M.D.
W. E. Dukes, Jr., MD
Corporate Medical Director

Comments

The laboratory reported two amphetamine blinds as negative. This is the third successive quarter for which they have reported at least one false negative amphetamine. A review of the raw data at the laboratory revealed the reason for the false negative amphetamine. The amphetamine screening test is calibrated using methamphetamine. The laboratory has relied on the information supplied by the kit manufacturer which suggests that the cross reactivity with amphetamine is adequate to identify this drug at the same level. The laboratory's own study, which was generated in response to our concern, revealed that the test yielded a negative result for an amphetamine level of 1500 ng/ml. This demonstrates that the test, as currently performed by this laboratory, is unable to correctly identify d-amphetamine at the regulatory 1000 ng/ml level. I would suggest that the laboratory be requested to calibrate the screening test using d-amphetamine to avoid this as a recurring problem.

Report submitted by:



Jerry L. McHan, PhD
Quality Assurance Associates
1327 Fairview Road NE
Atlanta, Georgia 30306


Date