

VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261

May 1, 1991

United States Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D. C. 20555

Serial No. 91-165A
NL/RPC
Docket Nos. 50-280
50-281
50-338
50-339
License Nos. DPR-32
DPR-37
NPF-4
NPF-7

Gentlemen:

VIRGINIA ELECTRIC AND POWER COMPANY
SURRY POWER STATION UNITS 1 AND 2
NORTH ANNA POWER STATION UNITS 1 AND 2
FITNESS FOR DUTY PROGRAM
BLIND PERFORMANCE TEST INVESTIGATION RESULTS

Pursuant to 10 CFR 26, Appendix A, Subpart B, §2.8 (e)(4), Virginia Electric and Power Company has completed an investigation concerning blind performance testing results as initially reported to you in our letter (Serial No. 91-165) dated March 27, 1991. Details of the deviation, corrective action, and steps to prevent recurrence are included in Attachment 1.

Should you have further questions, please contact us.

Very truly yours,



W. L. Stewart
Senior Vice President - Nuclear

Attachment

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cc: U. S. Nuclear Regulatory Commission
Region II
101 Marietta Street, N. W.
Suite 2900
Atlanta, Georgia 30323

Mr. W. E. Holland
NRC Senior Resident Inspector
Surry Power Station

Mr. M. S. Lesser
NRC Senior Resident Inspector
North Anna Power Station

Mr. L. L. Bush
U. S. Nuclear Regulatory Commission
Division of Reactor Inspection and Safeguards
MS 9D24
One White Flint North
11555 Rockville Pike
Rockville, Maryland 20852

ATTACHMENT 1
BLIND PERFORMANCE TEST
INVESTIGATION RESULTS

BLIND PERFORMANCE TEST INVESTIGATION RESULTS

On February 2, 1991, during a review of blind performance test results, a sample confirmed positive for phencyclidine (PCP) by our Department of Health and Human Services certified laboratory was identified by Company Employee Health Services personnel to have been screened with negative results at our onsite testing facility at Surry Power Station. Again, on February 18, 1991, similar circumstances were observed for North Anna Power Station. Following this discovery, the vendor for our onsite testing facilities determined that the onsite calibrators being used for phencyclidine (PCP) were improperly standardized. This discrepancy had resulted in a deviation from the NRC required cut-off levels for initial screening of PCP. These results were initially reported to Mr. P. E. Frederickson and Mr. W. J. Tobin of the NRC Region II staff in a telephone conversation and facsimile transmission on March 19, 1991.

The investigation conducted by our Fitness for Duty (FFD) Program Manager in conjunction with our Employee Health Services Department and the vendor for our onsite testing facilities determined the following details with respect to the deviation:

- Following purchase of new calibrators for initial screening of PCP, improper reagents were used from August 24, 1990, through February 27, 1991, at the Surry Power Station onsite testing facility.
- Following purchase of new calibrators for initial screening of PCP, improper reagents were used from November 1, 1990, through February 27, 1991, at the North Anna Power Station onsite testing facility.
- The incorrect standardization caused by use of improper reagents resulted in a cut-off level of 75 ng/ml for PCP instead of the NRC-required cut-off level of 25 ng/ml. This condition continued throughout the time periods indicated above for each respective station.

Subsequent to discovery of the discrepancy in PCP blind performance testing results on February 2, 1991, corrective actions were initiated and carried out as indicated below:

- On February 25, 1991, the calibrator supplier was notified and the correct calibrators for this application were ordered.
- The new calibrators for screening of PCP were in place and made operational on February 27, 1991.
- Cut-off levels for the balance of drugs in the onsite testing program have been checked and remain in accordance with our FFD Program and 10 CFR 26.

Additional actions are being performed by our onsite screening facility vendor in order to ensure that a similar occurrence is prevented:

- The calibrators for PCP are run daily to verify that no calibration shifts have occurred.
- Prior to use of replacement reagents to process actual test specimens, a validation study will be conducted to confirm that appropriate cut-off levels remain intact for each substance in the testing program.

Based on the data provided in Information Notice 91-10 of February 12, 1991, PCP does not appear to be a drug of preference in the nuclear industry. Likewise, based on our previous testing, PCP has not been used by individuals who have otherwise tested positive in our FFD program. Based on this information, the fact that no actual positive tests were observed at the higher threshold, and the judgement of the director of our onsite screening facility following his assessment, we conclude that it is unlikely that any positive PCP samples, other than those for blind performance testing, were introduced into our testing program during the time periods in question.