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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

December 28, 1989

MEMORANDUM FOR: Phillip F. McKee, Chief, Reactor Safeguards
Branch, Division of Reactor Inspection and
Safeguards

THRU: E. G. Greenman, Director, Division of Reactor *WJH 11/2/90*
Projects

WB W. D. Shafer, Chief, Reactor Projects Branch 1

AM B. Clayton, Chief, Reactor Projects Section 1A

T. M. Tongue, Senior Resident Inspector,
Braidwood Station

FROM: T. E. Taylor, Resident Inspector, Braidwood
Station

SUBJECT: QUESTIONNAIRES FOR TEMPORARY INSTRUCTION (TI)
2515/104 - FITNESS FOR DUTY: INSPECTION OF
INITIAL TRAINING PROGRAMS

The subject questionnaires for TI-2515/104 for supervisors, escorts, and general employee Fitness for Duty training are enclosed. The questionnaires were completed based on attendance of training sessions, review of lecture material, and discussions with licensee personnel. Observation of a supervisor training session was not possible. Subsequent training for supervisors can be monitored at a later date. All licensee employee training for the Fitness for Duty program was completed in early December of 1989.

The following discrepancies were identified during observation of the initial Fitness for Duty program training. An explanation of the discrepancies is given below. Other minor discrepancies were also identified and are noted on the attached questionnaires.

December 28, 1989

Various Program Procedures. These procedures were not issued at the time the initial training was completed. These procedures are now being issued and all personnel will be notified of their existence; no training was given for behavioral observation techniques, and techniques for recognizing drug use; however, the training did address the types of behavior associated with the use of various drugs and alcohol; and for supervisors, policies and procedures governing, a. Confronting an employee, b. Removing an employee, c. Referral of an employee to the Employee Assistance Program, and d. The bases for initial and for cause testing. The policies and procedures governing the Fitness for Duty program relative to this item are the same as for the licensee's previous drug and alcohol prevention programs for which training was conducted.

Any questions concerning these questionnaires can be addressed to the Braidwood Resident Inspector Office.

for T. E. Taylor
T. E. Taylor
Resident Inspector, Braidwood

Enclosure: As Stated

cc: J. Creed
B. Clayton
C. Pederson

APPENDIX A

QUESTIONNAIRE ON LICENSEE FITNESS
FOR DUTY POLICY AWARENESS TRAINING

A. Braidwood J. Taylor 12-13-89
Plant Resident Inspector Date of Attendance

B. The areas listed below should be checked as appropriate during the respective training session. Upon completion, this questionnaire should be forwarded under separate cover to Phillip F. McKee, Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards, NRR; Mailstop OWFN 9D-24.

<u>Areas Generally Covered</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Overview of FFD Requirements and Program Objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identification of those responsible for the administration of the FFD Program with a brief description of their responsibilities, authorities and limits placed on them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsibilities of licensee employees, contractors and vendors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Licensee responsibilities for contractors and vendors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The personal and public health and safety hazards associated with the abuse of drugs and misuse of alcohol.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Licensee policies concerning onsite and offsite use, sale or possession of illegal drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Licensee policies concerning the use and abuse of selected drugs (prescription and over the counter).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Licensee policies concerning alcohol consumption and use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The effects of illegal, selected over-the-counter and prescription drugs, including poly drug use and alcohol on job performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Licensee requirements and methods for reporting the use of selected legal drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 11. Indicators of mental stress, fatigue and illness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See notes p A1-3

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|---|-------------------------------------|-------------------------------------|---|
| 12. Federal and administrative cutoff levels for alcohol, and drugs. | <input checked="" type="checkbox"/> | — | — |
| 13. Licensee policies for employee refusal for drug testing. | <input checked="" type="checkbox"/> | — | — |
| * 14. Procedures for reporting FFD violations. | — | — | — |
| 15. Types of drug testing conducted. | <input checked="" type="checkbox"/> | — | — |
| 16. Notification methods, testing rates and, schedules for the following types of licensee employees: | <input checked="" type="checkbox"/> | — | — |
| a. Plant and corporate licensee personnel. | <input checked="" type="checkbox"/> | — | — |
| b. Contractors and vendors. | <input checked="" type="checkbox"/> | — | — |
| c. Employees onsite for very brief periods. | <input checked="" type="checkbox"/> | — | — |
| 17. Collection methods or procedures. | <input checked="" type="checkbox"/> | — | — |
| 18. Provisions for individuals selected for drug testing when absent from work. | — | <input checked="" type="checkbox"/> | — |
| 19. Licensee sanctions for drug and alcohol abuse. | <input checked="" type="checkbox"/> | — | — |
| 20. The role of the Medical Review Officer. | <input checked="" type="checkbox"/> | — | — |
| 21. Employee Assistance Programs and mechanisms for referral. | <input checked="" type="checkbox"/> | — | — |
| * 22. Appeal Process. | — | <input checked="" type="checkbox"/> | — |
| 23. Employee rights and protection of information. | <input checked="" type="checkbox"/> | — | — |

C. Please provide the following information on this FFD Policy Awareness Training Session:

1. General quality of the presentation
 Excellent ___ Good Fair ___ Poor ___
2. Type of presentation delivery
 - a. lecture
 - b. film _____
 - c. video
3. Provisions for questions, answers and discussion Yes No ___
4. Time expended for this training session 1 hr
5. Was attendance recorded? Yes No ___

* See notes p. A1-3

6. Number of persons attending this training session 6

D. ADDITIONAL COMMENTS ON THE ITEMS ABOVE (Optional)

Item 11. Fatigue and illness not covered in this training session.

14. procedures not issued yet refer to cover memo

22. not outlined in this training session, is part of procedures being issued.

APPENDIX B

QUESTIONNAIRE ON LICENSEE FITNESS
FOR DUTY TRAINING FOR SUPERVISORS

A. Braidwood T. Taylor _____
Plant Resident Inspector Date of Attendance

B. The areas listed below should be checked as appropriate during the respective training session. Upon completion, this questionnaire should be forwarded under separate cover to Phillip F. McKee, Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards, NRR; Mailstop OWFN 9D-24.

<u>Areas Generally Covered</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Overview of FFD Requirements and Program Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identification of those responsible for the administration of the FFD Program including the designated FFD Program Manager, with a brief description of their responsibilities, authorities and limits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The responsibilities, authorities of supervisory personnel and limits placed on them for implementation of the licensee's FFD Program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identification of personnel, other than supervisors, such as the Medical Review Officer, testing personnel, Employee Assistance program staff, etc., who are responsible for FFD Program implementation, with a brief description of their responsibilities, authorities and limits placed on them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>This area was not discussed in material reviewed.</i>			
* 5. Policies and procedures governing			
a. Confronting an employee.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Removing an employee.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Referral of an employee to the Employee Assistance Program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. The bases for initial and for cause testing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Identification of chemical and street names of selected drugs with a description of their physical forms, such as pills, powder, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Methods of use for selected drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Description of drug paraphernalia associated with the use of selected drugs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* See notes p. B1-3

- 9. Methods and placed normally used to hide drugs.
- * 10. Techniques for recognizing the use, sale or possession of illegal drugs, and alcohol.
- 11. Methods for determining the use, abuse patterns and effects of illegal, over-the-counter and prescription drugs or alcohol.
- * 12. Behavioral observation techniques for determining the following:
 - a. Degradation in job performance due to drug or alcohol use or abuse.
 - b. Acute effects of drug or alcohol use.
 - c. Chronic effects of drug or alcohol use.
 - d. Physical fatigue.
 - e. Psychological stress.
- * 13. Procedures for the notification of employees for drug testing.
- * 14. Procedures for reporting FFD violations.
- * 15. Licensee practices for situations where employees selected for drug testing are absent from work.
- 16. Actions to take if an employee who refuses drug testing.
- * 17. Role in the Employee Appeal Process.
- 18. Employee rights and protection of personal information.

C. Please provide the following information on this FFD training session for supervisors.

1. General quality of the presentation: "no presentation observed"
 Excellent Good Fair Poor

2. Type of presentation delivery
 a. lecture
 b. film
 c. video

* See notes p. B1-3

3. Time expended for this training session. _____
4. Were drug equipment displays used? Yes ___ No
5. Provisions for questions, answers and discussion. Yes No ___
6. Were supervisors tested on the content of the presentation?
Yes ___ No ___
7. Was attendance recorded? Yes No ___
8. Number of persons attending this training session. _____ ?

D. ADDITIONAL COMMENTS ON THE ITEMS ABOVE (Optional)

Items 10 and 12 - refer to ~~cover~~ memo for explanation ~~the~~ material covered discussed types of behavior to expect from drug use did not cover techniques for determining use.

Items 13, 14, 15, 17 - These items were not in training, ^{material provided,} these procedures were not issued yet. they are issued now and licensee personnel will be notified.

Item 5 - This was covered in previous training for previous drug program.

APPENDIX C

QUESTIONNAIRE ON LICENSEE FITNESS
FOR DUTY TRAINING FOR ESCORTS

A. Braidwood T. Taylor 12-13-89
Plant Resident Inspector Date of Attendance

B. The areas listed below should be checked as appropriate during the respective training session. Upon completion, this questionnaire should be forwarded under separate cover to Phillip F. McKee, Chief, Reactor Safeguards Branch, Division of Reactor Inspection and Safeguards, NRR; Mailstop OWFN 9D-24.

<u>Areas Generally Covered</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Overview of FFD Requirements and Program Objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identification of those responsible for the administration of the FFD Program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The responsibilities authorities of escort personnel and limits placed on them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 4. Identification of chemical and street names of selected drugs with a description of their physical forms (powders, pills, etc.) and characteristics (smell, color, taste, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Method of use for selected drugs, including poly drug use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6. Description of drug paraphernalia associated with the use of selected drugs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 7. Methods and places normally used to hide drugs and alcohol.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 8. Techniques for recognizing indications of the use, sale or possession of drugs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 9. Behavioral observation techniques for recognizing impairment due to acute drug and alcohol use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 10. Behavioral observation techniques for recognizing effects of chronic alcohol and drug use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Physical indicators of acute or chronic alcohol and drug use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 12. Procedures for reporting FFD concerns to supervisory or security personnel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* See notes p. C1-2

C. Please provide the following information on this FFD training session for escorts:

1. General quality of the presentation

Excellent ___ Good Fair ___ Poor ___

2. Type of presentation delivery

- a. lecture _____
- b. film _____
- c. video

3. Time expended for this training session 1 hr

4. Provisions for questions, answers, and discussion? Yes No ___

5. Were drug equipment displays used? Yes ___ No

6. Were escorts tested on the content of the presentation? Yes ___ No

7. Was attendance recorded? Yes No ___

8. Number of persons attending this training session 6

D. ADDITIONAL COMMENTS ON ITEMS 1-20 ABOVE (Optional)

Item 4. smell and taste not covered in ^{training} session attended
6. and 7. not covered

8, 9, 10 Techniques for recognition not covered but an explanation of the types of behavior caused by ~~different~~ use of various drugs was covered.

12. Procedures were not issued at time of training. The procedures are now issued and licensee personnel will be notified.