

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 04/30/2021

Estimated burden per response to comply with this collection request is 108 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.417(b)(2) and 26.717. The information is required by NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FOIA, Privacy and Information Collection Branch (T5-F53), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to InfoCollects.Resource@NRC.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

- 1) All fields required unless marked 'optional'
2) Use of Adobe Reader 8 or later is required
3) Mouse over fields for additional information

☐ Submission
Update

Facility

Period of Report

Wolf Creek [50-482]

2019

Tests Conducted in the Calendar Year

Reason For Testing	Total Number of Tests Conducted		Total Number of Positive, Adulterated, Substituted, and Refusal to Test Results
	Licensee Employees	Contractors/Vendors	
Pre-Access	49	855	5
Random	418	199	1
For Cause	2	1	0
Post-Event	1	0	0
Follow-up	5	25	0
Total (Calculated)	475	1,080	6

FFD Program Random Testing Population and Rate

Average number of
licensee employees

866

Average number of
contractors/vendors

295

Total size of the random testing pool
throughout the period (Calculated)

1,161

Annual random testing percentage
achieved for the testing pool

53

Laboratory Testing

Does your program use a
Licensee Testing Facility?
(Yes / No)

No

HHS-Certified Laboratory (Primary)

Clinical Reference Laboratory

HHS-Certified Laboratory (Backup)

Quest Laboratory

Identify your Blind Performance Test Sample supplier(s)

EiSohly Laboratory

Substances Tested

Did your program only test for NRC-required substances
AND at the NRC-specified minimum cutoff levels? (Yes / No)

Yes

Does your program conduct LOD testing
permitted in 26.163(a)(2)? (Yes / No)

Yes

Special Analyses Testing Results

Total Number of "Dilute"
Specimen Test Results
(Optional)

Total Number of "Dilute" Specimens
(Special Analyses Testing Conducted)

0

Substance	Use NRC Cutoffs?	Initial Cutoff	Confirmatory Cutoff	Limit of Detection (LOD) Testing?	Comment (Optional)
Alcohol	Yes			Not Applicable	
Cocaine	Yes			Yes	
Marijuana	Yes			Yes	
Amphetamines	Yes			Yes	
Opiates	Yes			Yes	
PCP	Yes			Yes	

Substances Tested - continued

Summary of Management Actions - 26.717(b)(8)

Summarize actions implemented to improve FFD program performance. As applicable, reference in the topic description audit reports, 30-day reports, and/or corrective action reports. If reporting information on more than three topics, select "Others" for Topic 3 to report any additional topics.

Topic 1

Other(s)

Please elaborate:

FFD collector files provide evidence that individuals are competent and trained to perform FFD testing.

Topic 1 Description

QA audit 18-09-FFD/FM identified that FFD collector files did not contain required documentation per 10 CFR Part 26.85. (e) Files - Collection site personnel files must include each individual's resume of training and experience; certification or license, if any; references; job descriptions; records of performance evaluations and advancement; incident reports, if any; results of tests to establish employee competency for the position he or she holds, including, but not limited to, certification that collectors are proficient in administering alcohol tests consistent with the most recent manufacturer's instructions for the instruments and devices used; and appropriate data to support determinations of honesty and integrity conducted under § 26.31(b).

FFD collector files were organized to be consistent to contain the same data in the same order for each FFD collector. (Reference CR 00127474)

☐ Add an additional Topic

Person(s) Responsible for Information Provided

Person 1 (required):

PAMELA	BLACK	ACCESS SPECIALIST	PABLACK@WCNOC.COM
First Name	Last Name	Position Title	Company Email Address

Person 2 (optional):

SONYA	JONES	SUPERVISOR ACCESS SCREENING	SOJONES@WCNOC.COM
First Name	Last Name	Position Title	Company Email Address

Final Step (Required) - NRC will consider this form authentic in accordance with 10 CFR 26.11 only when the "Validate & Lock" button has been selected and all errors (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed and the form is ready for submission.

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