

- 1) All fields required except those marked 'optional'
- 2) Entries in some fields auto-populate information in other fields
- 3) Mouse over form fields to view additional information
- 4) Use of Adobe Reader 8 or later is required

APPROVED BY OMB: CLEARANCE NO. 3150-0146 **EXPIRES: 04/30/2021**
 Estimated burden per response to comply with this collection request is 30 minutes. 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 Infocollect.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.

Submission Update Delete Submission

Unique Reference ID (Licensee Supplied)

Facility

Date of Collection (mm/dd/yyyy)

Reason for Testing - 26.717(b)(5) Please elaborate (optional)

Employment Type - 26.717(b)(3) **Outage Worker** (optional)?

Labor Category - 26.717(b)(3)

Is this a 24-hour reportable event under 26.719(b)?

Was this collection refused? - 26.717(b)(7) & 26.75

Test Results - 26.717(b)(4)
 Test Type(s) for Result(s) Reported - 26.717(b)(2)

Substance - 26.717(b)(2) & (b)(6)

 Alcohol Specimen Tested

 What 26.103 BAC level was exceeded?

Subversion Attempt - Did this collection involve a subversion attempt? - 26.717(b)(7) and 26.75(b)

Management Actions - 26.717(b)(8) & 26.75
 Reason for the Action

 Sanction Applied (NRC Minimum or Licensee Administrated)

 Specific Sanction Applied

Person(s) Responsible for Information Provided
 Person 1 (required):

<input type="text" value="PAMELA"/>	<input type="text" value="BLACK"/>	<input type="text" value="ACCESS SPECIALIST"/>	<input type="text" value="PABLACK@WCNOC.COM"/>
First Name	Last Name	Position Title	Company Email Address

 Person 2 (optional):

<input type="text" value="SONYA"/>	<input type="text" value="JONES"/>	<input type="text" value="SUPERVISOR ACCESS SCREENING"/>	<input type="text" value="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 is clicked and all errors (highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed indicating the form is ready for submission.

Form Locked On: