U. S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 50-461/90017(DRSS)

Docket No. 50-461 License No. NPF-62

Licensee: Illinois Power Company
500 South 27th Street
Decatur, IL 62525

Facility Name: Clinton Nuclear Power Station

Inspection At: Clinton, IL 61727

Inspection Conducted: July 17-20, 1990

Inspectors: for J. J. Madeda — 9/18/90
Physical Security Inspector — Date

J. L. Belanger — 9/18/90
J. L. Belanger — Date
Senior Physical Security Inspector

Approved By: J. R. Creed — 9/18/90
J. R. Creed, Chief — Date
Safeguards Section

Inspection Summary

Inspection during July 17-20, 1990 (Report No. 50-461/90017(DRSS))
Areas Inspected: The special, announced inspection reviewed the licensee's fitness-for-duty (FFD) program which is required by 10 CFR Part 26. The review was conducted in accordance with Temporary Instruction (TI) 2515/106. Specifically, the inspectors evaluated the licensee's drug and alcohol abuse policies and procedures, implementing organization, worker awareness of the program, random testing program, collection and testing, training and any reported fitness-for-duty events.
Results: Based on the NRC's selective examination of key elements of the licensee's Fitness-for-Duty Program it was concluded that the licensee is satisfying the fundamental objectives of 10 CFR 26.10.

Our inspection also identified some program strengths. The dedication and professionalism of the current staff is a strength that has significantly contributed to the licensee satisfying the general objectives of the FFD rule. The extent and depth of a recently conducted Quality Assurance audit

of the program is also a positive asset. Licensee investigation of some "blind sample" test result anomalies also appeared to be comprehensive and technically sound.

Four weaknesses were identified. Random tests were not conducted between January 26 and February 20, 1990, and were not conducted over weekends and holidays; also, prior to July 12, 1990, random tests were not conducted during backshifts and then only at the beginning of one shift and the end of the other shift (Paragraph 7). One additional concern was that there was no cogent document which contained an overall description of the licensee's policy in order to provide affected individuals with information on what is expected of them. The information was scattered through diverse procedures (Paragraph 4). The number of random tests is about 50% behind the number needed to achieve the annual rate (Paragraph 7). The licensee's program for testing contractors not immediately available for testing will require further review.

DETAILS

1. Key Persons Contacted

In addition to the key members of the licensee's staff listed below, the inspectors interviewed other licensee and contractor employees. The asterisk (*) denotes those present at the Exit Interview conducted on July 20, 1990.

*J. Perry, Vice President, Illinois Power
*J. Cook, Plant Manager, Clinton Power Station
*J. Palchak, Manager, Nuclear Planning and Support
*R. Gill, Manager, Projects and Assessment
*J. Greenwood, Manager, Power Supply
*R. Morganstern, Manager, Scheduling and Outage Management
*D. Antonelli, Acting Manager, Nuclear Training
*R. Wyatt, Manager, Quality Assurance
*K. Graf, Director, Quality Assurance
*A. Rume, Director, Systems and Reliability Engineering
*D. Waddel, Director, Emergency Response
*J. Mansker, Director, Planning and Programming
*R. Relken, Acting Director, Labor Relations
*K. Baker, Supervisor, I & E Interphase
*R. Derbort, Supervisor, Medical Programs
*F. Coffman, FFD Administrator
S. Harris, FFD Escort
A. Gravett, Doctor, Medical Review Officer (Contractor)
K. McAvoy, Director, Employee Assistance Program (Contractor)

NRC

*J. Creed, Chief, Safeguards Section
*P. Brochman, Senior Resident Inspector, NRC
*S. Ray, Resident Inspector, NRC

Other Organizations

N. Durbin, Research Scientist, Battelle Human Research Center (NRC contractor, participated in the inspection)

2. Entrance and Exit Interviews (IP 30703):

At the beginning of the inspection Mr. J. Perry and other members of his staff were informed of the purpose of this visit and the functional area to be examined.

The inspectors met with the licensee representatives denoted in Section 1 at the conclusion of the inspection on July 20, 1990. The Chief, Safeguards Section explained that this was the first Fitness-for-Duty inspection being conducted in Region III using a newly published Temporary Instruction (TI 2515/100), and that the Battelle consultant had accompanied the inspectors to assist in their use of the TI. They

were advised that this inspection had been a selective examination of their program to identify significant program strengths and weaknesses, and that because this was a new inspection initiative, all findings would be further reviewed by both Region III management and NRR management subsequent to the exit meeting.

Our review concluded that the licensee's program is satisfying the fundamental objectives of 10 CFR 26.10.

Three issues were identified that required the licensee's management attention: (a) the licensee's recent audit identified the fact that some specimens were not collected in a random manner which represented a non-cited violation of 10 CFR 26.24(a)(2); (b) a finding by the inspectors showed that the licensee's written policy was fragmented and did not easily provide those affected with information about the FFD program as required by 10 CFR 26.20(a); (c) the random testing is about 50% behind the number needed to achieve the annual rate required by 10 CFR 26.24(a)(2). It appeared that personnel resources in the area of sample collection were strained and that fact contributed to two (a and c) of the three above identified findings.

Licensee management representatives stated that our findings would be evaluated and action will be considered to address each issue. There were no additions to or disagreement of the facts we identified and used to reach our conclusions.

The inspectors also pointed out what appeared to be some of the strengths of the licensee's FFD program. The level of effort and qualifications of the FFD staff were notable, particularly the Medical Programs Supervisor, the Medical Review Officer, and the EAP Program Director. The licensee's decision to operate an onsite testing facility should assist in program implementation, particularly during outages. A recently conducted licensee audit was extensive and helpful in pointing out areas needing improvement. The current review of anomalies in the testing of blind samples has been extensive and thorough.

Subsequent to our onsite exit meeting, in-office review identified an issue that is being reviewed as an unresolved item. Personnel who have infrequent site access are generally randomly tested at a lower frequency than onsite personnel. Mr. Wyatt was notified of this on August 17, 1990. Additional NRC review is needed to resolve the acceptability of this practice and it will be forwarded to NRR.

3. Inspection Criteria

By letter dated June 11, 1990, the licensee was notified of the dates and scope of the inspection. They were requested to provide the latest revisions of their required FFD policies and procedures, which were reviewed by the inspectors in-office prior to the onsite inspection. The inspectors also reviewed and analyzed the results of the Resident Inspector's report of his observation of the FFD training sessions which were completed on December 18, 1989.

Onsite inspection activities began with interviews of the key individuals responsible for program implementation and included, for example, the Medical Review Officer, the Supervisor of Medical Programs and sample collection staff personnel. Interviews were conducted with six randomly selected employees regarding their understanding of program requirements and protections.

The inspectors also conducted a tour of the onsite sample collection facility and a review of the breath analyzer equipment. Record storage areas and record container protective measures were also randomly observed.

4. Written Policies and Procedures (TI-2515/106-05.01): One weakness was identified that involved policy documentation and communication.

The licensee's written program for drug and alcohol abuse was found in Nuclear Planning and Support Procedure 1.16 (approved December 5, 1989) and 1.17 (approved July 9, 1990); Corporate Nuclear Procedure 4.13 (approved December 15, 1989) and Illinois Power Company Procedures 2.6 (approved May 1, 1990).

The licensee's written polices and procedures prohibit the use of illegal drugs and abuse of legal drugs and alcohol, and contained descriptions of employee assistance programs and sanctions for violations of the policy. However, employees would have to research multiple portions of several documents not normally provided to the employee to find out exactly what is expected of them. We verified, however, the licensee has adequately communicated their drug and alcohol policy to the employees though training. Program supervisors could not produce a document that would achieve the goal outlined in 10 CFR 26.20(a) that "Written policy documents must be in sufficient detail to provide affected individuals with information on what is expected of them, and what consequences may result from a lack of adherence to the policy." The licensee acknowledged the need to develop a cogent written policy that addresses the aspects of 10 CFR 26.20(a). This policy will be provided to all affected individuals. The significance of this finding is reduced because elements of the policy exist in the procedures and all employees were adequately trained in these procedures. Therefore, this finding is considered to be an open item. (50-461/90017-01)

A review of selected licensee written FFD procedures showed them to be adequate in describing: major program processes, such as the handling of presumptive positive tests, selection and notification of workers for testing, collection and processing of specimens, and Medical Review Officer (MRO) review and notifications. Instructions that address the Employee Assistance Program (EAP), testing for drugs and alcohol, quality control measures to ensure accuracy and prevent subversion, call-in situations for unscheduled working tours, and immediate and followup action to be imposed on individuals involved in substance abuse are also adequately addressed in licensee procedures and appear to meet regulatory requirements. Overall program implementation responsibilities and authorities appear to have been clearly delineated in the licensee's FFD procedures and are consistent with regulatory requirements.

5. Program Administration (TI 2515/106-05.02.a)

Operational responsibility for the implementation of the licensee's FFD program has been assigned to the Medical Programs Section. This section consists of a supervisor who assures day-to-day program implementation; a clerk (FFD escort) who's duties include both selection and notification for testing; two personnel (FFD administrator and a personnel clerk) who are responsible for the collection and handling of specimens; and a Medical Review Officer who reviews test results. The MRO is a licensed physician under contract to the licensee. In addition, the licensee has contracted with an independent outside organization to administer the Employee Assistance Program. Senior licensee management overview for the FFD program is assigned to the Manager, Nuclear Planning and Support.

The inspectors interviewed the key FFD implementation personnel, including the program supervisor, program administrator, FFD escort, collection personnel, Medical Review Officer and EAP Administrator. Each understood their specific responsibilities and authorities and how each interfaced and interacted with the program. Interviews and record reviews showed that the MRO, EAP administrator and the program administrator had received an adequate level of formal educational training in the area of drug and alcohol abuse relating to their specific program responsibilities. The MRO has had prior work experience in several substance abuse and treatment programs. The EAP administrator has a masters degree in social sciences and several years of related work experience in the area of substance abuse. The program administrator has several years of military related laboratory experience and is a state certified Emergency Medical Technician. Other individuals involved with program implementation such as the collection and notification personnel had received training that was primarily "on-the-job" training. That training appeared to be sufficient to support current program implementation. Senior management involvement was verified as being adequate as a result of an interview with the Manager, Nuclear Planning and Support who is responsible for oversight of the FFD program. This oversight was also confirmed through interviews with other personnel responsible for program implementation.

6. Worker Awareness (TI-2515/106-05.02b)

Worker awareness and understanding of the FFD program was determined to be adequate. This was evidenced through interview results of six plant employees, three of whom were supervisors. All interviewed personnel appeared to have a basic knowledge of the FFD program, their individual responsibilities, and sanctions for violating the policy. Licensee employees also acknowledged their awareness of an Employee Assistance Program (EAP). The employees understood that the licensee maintains an EAP which offers assessment, counseling and referral services through a series of qualified local EAP professionals. Employees considered the EAP to be a valuable tool and, if enrolled, their confidentiality would be maintained.

7. Program Elements (TI 2515/106 05.02.c): One non-cited violation, one weakness and an unresolved item were identified.

a. Random Testing

Selection for random testing is conducted by the use of a computer generated list. The random testing pool consists of all licensee and contractor personnel who are allowed unescorted access to the protected area or who are identified by the licensee as having specific duties in the EOF. The staff element of the licensee's Human Resources Department responsible for access control has the responsibility to update this list on a daily basis as changes occur. The licensee has developed a software program that will generate a listing of names in a random fashion. This program is under the control of a specific member of the FFD staff. The list is normally generated once each week on the same day (Note: sometimes this day changes due to work load or scheduling). Generating the one list on the same day each week would establish predictability that could allow an individual to conclude that he would not be tested until after the next selection cycle. Selection and collection days and times should be varied. Weekly lists contain enough names for testing for five days. If that list was completed early, a second list could be generated. The equipment used to generate and print this list is located in an open office area that is under the control of a member of the FFD staff while the list is being printed.

After the selection process is completed, the individual (FFD escort) who generated the list personally notifies the selected individual's supervisor and immediately escorts the worker to the collection facility. Interviews verified that no unusual delays have occurred during this process. (Note: The selection, notification and escorting process is conducted by one individual.)

A review of the licensee's random selection test record book showed that all categories of workers (e.g., licensee, contractors, and vendors) have been included in the testing pool and are also represented among those who have been tested. For those persons temporarily absent or with infrequent site or EOF access, collection of specimens is limited to the occasions when they are onsite. These individuals are seldom tested at the time they are selected. If the selected individual is not onsite, a licensee security shift supervisor (SSS) is notified and the SSS personally puts the badge in a locked container. A note is placed in the badge slot that indicates that the individual should report for fitness-for-duty testing. When the selected worker returns to the site and asks for the badge, access control guards notify the SSS who then instructs the person to report for a test and telephonically notifies the collection staff that the individual is on the way. Also, we noted that an individual's badge could remain "tagged" indefinitely or until they returned to the site. The "predictability" of testing using this approach may reduce the deterrent effect of random testing because it allows the personnel who only visit the site occasionally

to avoid true random testing. As the licensee's program is implemented, personnel having infrequent site access could be randomly tested at a lower frequency than regular onsite workers and cause onsite workers to be tested at a higher rate. This method of testing is considered an unresolved item pending further NRC review of this issue to determine if the practice meets the intent of 10 CFR Part 26. (50-451/90017-02)

Prior to July 12, 1990, tests on the two backshifts were only conducted at the beginning of one backshift and the end of the other backshift. This practice was initiated to reduce the large amount of overtime being worked by the small FFD staff, particularly as it applied to notification and collection personnel. The practice could allow a "safehaven" for employees to be immune from random testing. When it was known that testing was limited to a selected time period, a substance could possibly be used when the individual knew he would not be tested. This predictable gap in scheduling deminishes the deterrent effect of random testing, particularly in the area of alcohol use. Also, no random tests were conducted between January 26 and February 20, 1990, due to a large increase in the number of required "pre-access" tests needed to support an outage. Rather than do random tests, "pre-access" tests were conducted. The licensee's Quality Assurance audit (Refer to Section 5), completed on July 12, 1990, had identified this weakness. Interviews with cognizant FFD management personnel and quality assurance auditors confirmed the finding and that corrective actions would be implemented. This finding appears to be a violation of 10 CFR 26.24(a)(2) because chemical testing requirements were not conducted in a random manner at various times during the day and not on a nominal weekly schedule. This violation is not being cited because the criteria specified in Section V.G. of the NRC Enforcement Policy have been satisfied. The licensee identified the problem and is taking action to resolve and prevent recurrence. (NCV 50-461/90017-03)

Review of the licensee's program to assure that unannounced tests were being conducted at a random rate equal to at least 100 percent of the workforce for the year showed that after six months (January - June 1990) into the year, the number of random tests is approximately 50% behind the number needed to achieve the nominal rate required by 10 CFR 26.24(a)(2). As of June 1990, the program is 387 tests behind the licensee's established nominal testing rate. To be on schedule, approximately 870 tests should have been conducted, but only 483 were completed. This finding was also identified during the recently completed quality assurance audit. The audit report did not address causal factors. The licensee is considering actions to address this issue. This issue is considered an open item. (50-461/90017-04)

Illinois Power has contracted with Smith-Kline Beecham Clinical Laboratory, Chicago, Illinois, an Department of Health and Human Service (HHS) certified laboratory.

The licensee's testing cut-off levels are in agreement with 10 CFR 26 requirements. Also, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene have been added to the panel of substances for testing.

The presence of any of the following substances greater than or equal to the cut off level specified, constitutes a positive sample result:

Substance	Initial Screen (ng/ml	10CFR26	GC/MS Confirmation ng/ml	10CFR26
Alcohol	0.04%	0.04% BAC	0.04% BAC	0.04% BAC
Amphetamines				
Amphetamine	1000	1000	500	500
Methamphetamine	1000		500	500
Barbiturates				
Secobarbitol	300		1000	
Pentobarbitol	1000		1000	
Phenobarbitol	3000		1000	
Butabarbitol	1000		1000	
Benzodiazepines	300		300	
Cannabinoids	100	100	15	15
Cocaine	300	300	150	150
Methadone	300		300	
Methaqualone	300		300	
Opiates	300	300	300	300
Morphine	300		300	300
Codeine	300		300	300
Phencyclidine (PCP)	25	25	25	25
Propoxyphene	300		300	

b. Documentation

A system of files, records, and procedures to protect personal information and document personnel qualification and training had been developed and implemented by the licensee. Medical-related records are stored in locked containers within locked rooms during non-working hours. Access to such records is limited to medical and clerical personnel who have a job-related "need to know." Results of confirmatory tests from the HHS laboratory are routinely transmitted by computer to a terminal located within the secure medical facility. The original reports are transmitted by U.S. Mail. Laboratory results are provided in a timely manner to the MRO for his review and disposition. Interviews confirmed that the MRO conducts an adequate review and evaluation of test result documentation. Inspection activities confirmed that licensee practices for record retention and for making records available for authorized requests appear to be commensurate with regulatory requirements and licensee approved procedures. A random review of personnel qualification records, training files, and suitability inquiry documents resulted in no inspector identified problems.

c. Sanctions and Appeals

The licensee's Policy and Procedures are consistent with required actions identified in 10 CFR 26. These procedures indicate that the first confirmed positive drug test results in denial of unescorted protected area access for a minimum of 14 days and referral to the EAP. Any subsequent confirmed positive test results in denial of access for three years. Any individual involved in the sale, use or possession of illegal drugs within the protected area will result in denial of access for five years and discharge.

Although the rule does not identify sanctions for abuse of alcohol, valid prescriptions or over-the-counter drugs, impaired workers or those whose fitness may be questionable are removed from work activities and may return to work only after they are determined to be fit and can safely perform assigned duties. The first confirmed alcohol incident results in a three day suspension and a one year follow up program consisting of random testing on a monthly basis for IP employees. Contractors have their site access revoked. The second confirmed incident results in a ten day suspension, mandatory EAP referral and a one year follow up monitoring program with random testing weekly the first four months and monthly the remaining eight months. The third confirmed incident results in termination.

The licensee's appeal process for a positive alcohol or drug determination has been established in procedures and meets or exceeds rule requirements. The MRO notifies the individual of a confirmed positive test result and offers an opportunity to discuss the results prior to notifying the FFD manager. The individual is given the opportunity to request that the split reserve sample be screened and confirmed by the laboratory.

Contractor employees who have been denied access based upon the first confirmed positive drug test may regain their unescorted access if they provide evidence of rehabilitation and abstinence of substances and undergo follow-up testing.

d. Audits

The licensee conducted a quality assurance audit (No. Q38-90-14) between June 11 and July 2, 1990. The purpose of the audit was to provide management an overview of the implementation of their program. Findings were written in the areas of supervisor training, completion of background investigations and psychological testing of personnel administering the program, performance of collection and assessment for co-workers, chemical testing within 60 days of granting unescorted access or assignment to the Emergency Operations Facility, random testing, suitable inquiry, medical determinations of reliability for individuals taking prescribed substances and personnel call-ins during non-routine hours.

The auditors concluded, ". . . overall implementation of the requirements of 10 CFR 26 . . . is considered effective for deterring substance abuse". However, the auditors noted that determination of the reliability of individuals taking prescribed medication is not considered effective based on the lack of documentation available to determine the dosage and frequency prescribed.

The inspectors concluded that the licensee's audit was thorough. The audit resulted in the self-identification of several weaknesses in the licensee's FFD program. The audit report was issued on July 16, 1990, the first day of this inspection. Consequently, the Fitness-For-Duty program staff had not yet prepared a response to the audit findings. However, senior management personnel of the FFD program stated that action would be taken to address each audit finding.

8. Specimen Collection/Testing Facilities (TI 2515/106-05.02d)

All collected specimens are sent to a HHS-certified laboratory for both initial and confirmatory tests. The licensee is, however, in the process of establishing their own onsite testing facility. Construction of the facility is essentially complete. Laboratory equipment is scheduled to be installed and full operation of the facility is scheduled for late August 1990. A walk-through of the facility was conducted and proposed quality control measures were discussed. Procedures have not been developed for the operation of the facility. However, procedures will be developed and implemented prior to laboratory operation. Current quality control measures for the testing and collection process were observed and reviewed and determined to be adequate. These measures included access control procedures, cut-off levels, chain-of-custody, and blind performance tests.

9. Training Program (TI 2515/106-05.01a)

The licensee's awareness training conducted prior to the January 3, 1990 effective date of the Rule was witnessed on December 15 and 18, 1989, by both Resident Inspectors and evaluated using NRC Temporary Instruction 2515/104. The training was found to be acceptable. During this inspection, a limited sampling of employees and contractors were interviewed and found to be knowledgeable of the FFD Program and their individual responsibilities. The FFD training program is administered by the licensee's training department. The inspectors reviewed training records and lesson plans, finding them to be thorough and appropriate.

The NRC was advised that the training department utilizes an extensive collection of FFD related video tapes in conjunction with the lecture program. The inspectors noted that the program is publicized in employee newsletters and in brochures distributed with paychecks. Also noted was the fact that the EAP Director has participated in the training program for the purpose of fostering a better understanding and acceptance of the EAP services.

10. Reported FFD Events (TI 2515/106-05.01a)

On June 5, 1990, the licensee notified the Region III staff that they were initiating an investigation of the circumstances surrounding a potential problem they identified with the test results for some "Blind Performance Test" samples. The investigation was begun in accordance with 10 CFR 26, Appendix A, Section 2.8. They indicated that the investigation was continuing and, when completed, a report would be submitted to the NRC within 30 days.

To insure a thorough and technically accurate review of the anomalies in the blind performance test results, the licensee retained the services of a physician to act as their consultant and investigator. They indicated that the individual is a National Institute of Drug Abuse (NIDA) Certified Laboratory Inspector and has closely reviewed the data supplied by both the testing laboratory and the NIDA certified laboratory that supplied Illinois Powers' consultant with the blind samples. Although their investigation efforts are continuing, it appears at least, in part, that the samples submitted for blind quality assurance verification may have been spiked differently than anticipated. The licensee investigatory efforts appeared to be extensive and technically detailed.