U. S. NUCLEAR REGULATORY COMMISSION
REGION I

Report Nos. 50-334/90-21
50-412/90-21

Docket Nos. 50-334
50-412

License Nos. DPR-66
NPF-73

Licensee: Duquesne Light Company
435 Sixth Avenue
Pittsburgh, Pennsylvania

Facility Name: Beaver Valley Nuclear Generating Station
Units 1 and 2

Inspection At: Shippingport, Pennsylvania

Inspection Conducted: October 16-18, 1990

Type of Inspection: Initial Fitness-For-Duty

Inspectors: Ronald Albert
R. J. Albert, Safeguards Inspector — 11-26-90 date

E. B. King, Safeguards Inspector — 11-27-90 date

Approved by: R. R. Keimig
R. R. Keimig, Chief, Safeguards Section — 11-27-90 date
Division of Radiation Safety and Safeguards

Inspection Summary: Initial Fitness-For-Duty Inspection on October 16-18, 1990, (Combined Inspection Report Nos. 50-334/90-21 and 50-412/90-21)

Areas Inspected: Written policies and procedures, program administration, training, key program processes and on-site collection facilities.

Findings: Based upon selective examinations of key elements of the Duquesne Light Company's Fitness-For-Duty program, the objectives of 10 CFR 26 are being met. The following program strengths and potential weaknesses were identified.

Strengths

1. the professionalism, competency and dedication of the staff who were involved in administering the program,

2. the strong support exhibited by management for the program,

3. the awareness and utilization by employees of the Employee Assistance Program,

4. the addition of personnel to the collection station staff to ensure random testing is being conducted on all shifts,

5. the periodic use of drug detection dogs to conduct searches of the station,

6. the effectiveness of the audit program.

Potential Weaknesses

1. the lack of a supervisory refresher training course,

2. the lack of several details in the collection station procedures,

3. assigning licensee management responsibilities to the contract Medical Review Officer.

## DETAILS

1. Key Personnel Contacted

Licensee

J. Sieber, Vice President - Nuclear Group
W. Roy, Assistant to Vice President
P. Casasanta, Manager, Nuclear Human Services
F. Keppel, Training Specialist
D. Kopp, Medical Administrator
E. Barth, Director Personnel
S. Vicinie, Senior Quality Assurance Specialist
D. Roman, Supervisor - Quality Assurance Maintenance
E. Chatfield, Training Manager
B. Sepelak, Licensing Engineer
D. Kline, Nuclear Security Administrator
H. Harper, Nuclear Director of Security
A. Kavic, Medical Review Officer
D. Spoerry, General Manager

USNRC

M. Solberg, Nuclear Operations Engineer, NRR
J. Beall, Senior Resident Inspector

The above personnel attended the exit meeting on October 18, 1990.

The inspectors also interviewed other licensee and contractor personnel during the course of the inspection.

2. Entrance and Exit Meetings

The inspectors met with the licensee's representatives, as indicated above, at the Beaver Valley Generating Station on October 16, 1990, to summarize the purpose and scope of the inspection and on October 18, 1990, to present the inspection findings. The licensee's commitments, as documented in this report, were reviewed and confirmed with the licensee during the exit meeting.

3. Approach to NRC Review of the Fitness-For-Duty Program

The inspectors evaluated the licensee's Fitness-For-Duty (FFD) Program using NRC Temporary Instruction 2515/106: Fitness-For-Duty: Initial Inspection of Program Implementation. This evaluation included a review of the licensee's written policies and procedures, and program implementation, as required by 10 CFR 26, in the areas of: management support; selection and notification for testing; collecting and processing specimens; chemical testing for illegal drugs and alcohol; FFD training and worker awareness; the employee assistance program; management actions,

including sanctions, appeals, and audits; and maintenance and protection of records. The evaluation of program implementation also included interviews with key FFD program personnel and a sampling of licensee and contractor employees with unescorted plant access; a review of relevant program records; and observation of key processes, such as specimen collection, on-site notification/documentation procedure for random testing, and the random selection process.

4. Written Policies and Procedures

The licensee's written policies and procedures appear to be adequate to administer and implement the FFD program. In general, the procedures were clear, well written, and comprehensive. Authorities and responsibilities under the program were generally well defined and in adequate detail to guide FFD program personnel in the conduct of their duties. Of particular note was the clear statement of the licensee's policy on drug and alcohol abuse. This statement was not only consistent with the requirements of the rule, but strongly expressed the licensee's commitment to a drug- and alcohol-free workplace. The policy was well communicated through reading material distributed to all employees, through training, and through prominently displayed posters and placards.

However, several areas where improvements could enhance the effectiveness of the program were identified as follows:

a. Several procedures appear to give the Medical Review Officer (MRO), a contractor, the responsibility to make managerial decisions for the licensee without involvement of or feedback to licensee management. This reduces the licensee's control of the program and increases the potential for implementation problems of which the licensee may not be aware in a timely manner. The licensee has agreed to review the procedures and revise them, as necessary, to ensure that management has input into and is cognizant of determinations made by the MRO.

b. Several procedures make reference to the delegation of authorities in the absence of particular FFD program personnel. However, the procedures do not adequately identify the "designee" in those cases. This increases the potential for decisions being made by inappropriate personnel. The licensee committed to identify the authorized designees in all cases.

5. Program Administration

Following are the inspectors' findings with respect to the administration of key elements of the licensee's FFD program.

a. Delineated Responsibilities

The program is organized to facilitate coordination among the various program elements. This includes the active involvement of the Vice President-Nuclear Group who is responsible for all of the key line

program elements (e.g., site security, EAP, FFD program). The FFD Program Manager reports directly to this position. Except as noted in Details, Section 4 of this report, the licensee's procedures clearly delineate the responsibilities and duties of each member of the FFD program staff.

b. Management Awareness of Responsibilities

Interviews with FFD program staff and selected supervisors, reviews of procedures and contracts, and discussions with licensee management by the inspectors indicated that management, at all levels, is not only aware of its responsibilities under the rule, and its particular responsibilities within the program, but is also fully committed to the goal of the rule: a workplace free of drugs and alcohol and their effects.

c. Program Resources

The licensee appears to be providing adequate resources for effective program implementation. Interviews with FFD program personnel indicated that upper management has been very supportive in providing the facilities, equipment and staff that are necessary for them to carry out their jobs. This was evident by the way in which one of the licensee's collection stations, located outside of the protected area in the Emergency Response Facility, was staffed, equipped and utilized during the present outage for pre-access testing of contractor personnel, as well as for random drug testing. Another collection station is located inside the protected area and was also observed to be well-equipped, staffed and utilized.

d. Management Monitoring of Program Performance

The FFD program manager exercises effective daily oversight of the program and maintains open communications with FFD program staff. The licensee had completed its six-month report on program performance, which indicated very little substance abuse among its employees and those of its contractors. A licensee internal audit, conducted over the first six months of program implementation, identified several weaknesses, including: random testing not being conducted at a rate equal to 100 percent of the workforce; concerns about the routine maintenance and care of the intoxilyzer instruments; and the utilization of thermometers by the collection station staff that could only measure, at the low end of the range, down to 95 degrees Fahrenheit.

The NRC rule requires urine specimens to be within the range of 90.5 degrees to 99.8 degrees Fahrenheit. Therefore, the thermometers used in FFD testing must have the capability of measuring below 90.5 degrees Fahrenheit at the low end and above 99.8 degrees Fahrenheit at the high end of the scale. The licensee immediately implemented

corrective measures to correct the above noted deficiencies when it was identified by the auditors. This program oversight resulted in early identification and resolution of problems.

e. Measures Undertaken to Meet Performance Objectives of the Rule

The licensee has made a strong and apparently effective effort to meet the performance objectives of the rule. In addition to the program strengths noted elsewhere in this report, the inspectors found that the licensee:

- although not required by NRC regulation, has stipulated that all of its contractors and vendors must make an EAP program available to their employees.

- has effectively integrated station security in the FFD initiative, i.e., on at least four occasions, security officers intercepted and denied access to individuals who were attempting to enter the plant with the odor of alcohol on their breath.

f. Sanctions

The licensee's written policies include sanctions that are consistent with 10 CFR 26 for both licensee and contractor employees. The current practice for an individual found in violation of the policy is to be given one chance to rehabilitate. The rehabilitation program requires a minimum of 14 days suspension, a satisfactory medical evaluation from the MRO prior to being reinstated, and follow-up testing for three years, in addition to random testing. A subsequent confirmed positive test results in dismissal.

g. Employee Assistance Program (EAP)

The licensee maintains an Employee Assistance Program (EAP) that offers assessment, counseling, and referral services through a contract staff of qualified counseling professionals. A noteworthy feature of the licensee's EAP program is that the services are available to the immediate family members of employees and retirees. Participation in the EAP is treated on a confidential basis. The inspectors determined through an interview with the EAP Director, and with randomly selected station employees, that the EAP is well accepted and utilized by the employees. This demonstrates that the licensee has encouraged use of the services and that the employees have confidence in the program.

However, the inspectors identified an area of concern during an interview with the EAP Director. The director felt that the information concerning the impairment of an employee who self-referred to the EAP should be provided to the MRO and not

licensee management, as required by 10 CFR 26.25, due to the medical nature of the information. The inspectors' concern is that such a situation would preclude licensee involvement in a decision regarding an individual who could potentially affect plant safety. The inspectors related this concern to licensee management and were informed that steps would be taken to ensure licensee management is made aware of decisions which could affect plant safety. This matter will be reviewed during subsequent inspections.

6. Training

The licensee's FFD training program appears to be adequate in most respects. Interviews with plant staff indicate that they were generally knowledgeable of the program, and the actions and responsibilities that were assigned to them. The resident inspector's review of the training program indicated that both content and delivery were good.

However, the inspectors identified one area which requires immediate attention: a refresher supervisory FFD training course had not been developed. The inspectors determined that all Duquesne Light supervisors and contractor supervisors were given an Initial Supervisory FFD training course in September 1989, prior to implementation of the rule, and that all individuals promoted to a supervisory position since the implementation of the rule had also received Initial Supervisory FFD Training. But, because the FFD training was incorporated in the licensee's General Employee Training (GET), the licensee was under the impression that the annual requalification requirement for supervisory personnel was being met. However, after the inspectors reviewed the GET lesson plans, they determined that the GET program did not cover all the areas required by 10 CFR 26.22(a) for supervisory refresher training.

Part 26.22(c) of 10 CFR requires that refresher training be completed on a nominal 12 month frequency (i.e., within ± 3 months), or more frequently where the need is indicated. The licensee committed to develop and implement a refresher supervisory FFD training course by October 31, 1990, and to administer the course to all applicable supervisory personnel by December 31, 1990. This matter is an Unresolved Item (UNR 50-334/90-21-01 and 50-412/90-21-01) and will be reviewed during subsequent inspections.

7.0 Key Program Processes

a. Selection and Notification for Testing

The selection and notification process appears to be carried out in a manner that meets the objectives of the rule. A list of the individuals to be tested randomly is generated by a computer each day from three separate pools, which comprise all individuals with unescorted station access. Separate pools have been established for licensee employees, long-term contractor personnel, and short-term contractor personnel. The pools are updated daily. Data compiled for the first six months of program implementation indicated that the

goal of testing at a rate equal to 50 percent of all individuals with unescorted access was not being achieved in each pool. The licensee is now tracking the rate of testing and making adjustments, as needed, to achieve the 100 percent per year rate of testing.

Employees that are not at the station when their names are selected for random testing (due to travel out of the area, illness or vacation) are excused for that day. The names of those individuals are returned to the selection pool. Licensee employees working in corporate headquarters with unescorted station access are required to report to the on-site collection facility if their names are randomly selected.

To avoid the problem of individuals with infrequent unescorted access (primarily contractor personnel) not being selected and tested, the licensee instituted a policy whereby individuals who have not been at the station for 29 days will have their badges pulled and unescorted status suspended. To have their unescorted access reinstated, the licensee requires those individuals to complete the pre-access testing again and await test results.

The computer used in the selection process has some measures to protect sensitive information. The physical location of the computer and the computer-generated lists, in a room adjacent to the Central Alarm Station, allows for adequate security. However, based on interviews with the licensee staff responsible for developing the computer program, it was determined that the contract security alarm station operators were knowledgeable of the software program utilized for random selection. To enhance the licensee's control of the selection process, the inspectors noted that a password was not required to gain access to the program. In addition, the inspectors noted that the software program does not automatically record all uses of the program. The licensee agreed to examine solutions to enhance its control of the selection process.

Notifications of employees selected for random testing are conducted by the collection site staff by informing the individual's supervisor to have the individual report for testing within a designated time period. The licensee has a very aggressive program which requires actions to be taken to locate any individual who is more than 15 minutes late for a pre-scheduled appointment. The inspectors noted that follow-up actions were seldom required and the responsiveness is attributed to the cooperation and support provided by all supervisors to the collection site staff.

At the start of program implementation, the frequency of testing on weekends and holidays was minimal. As a result of an ongoing internal audit during the first six months of program implementation, this deficiency was identified early by the licensee. The licensee

took corrective action and, in July, increased the full-time collection station staff by one. A review of program records for the period following the audit, to date, indicates that testing was increased and appears to meet NRC expectations.

Procedures and program support in cases of for-cause testing appear to be adequate. The licensee's Security Shift Administrators have been trained and qualified in the utilization of the intoxilyzer and in specimen collection procedures. In addition, the licensee has coordinated specimen collection procedures with a local area hospital to ensure that proper actions are taken if for-cause testing is required and on-site support is unavailable to conduct the testing.

b. Collection and Processing of Specimens

The inspectors conducted a walkthrough of the procedure for collection and processing of a specimen. The collection sites were adequate to process one person at a time. The design of the facilities are conducive to tracking individuals as they proceed through the process. The facilities provide adequate security for specimens, collection equipment, and records. The exterior of the facilities are regularly patrolled by security personnel during off-hours. The collection room at each facility has no source of water, provided the water supply is turned off to the sink located in the collection room, that have not had a bluing agent added. During the walkthrough, no weaknesses were observed in the way the collection site personnel processed either individuals undergoing testing or the specimens. Additionally, chain of custody procedures appeared to be followed at all times.

However, two deficiencies were noted as follows:

- there was no provision to assure that the storage refrigerator was not without power for extended periods

- although no testing was being conducted at the time, the inspector observed a bar of soap left on a sink inside the collection room. The collection station person stated that prior to collecting a specimen, the water supply to the sink would be turned off by a remote switch located outside the collection room and the soap would be removed from the room. However, there was no procedure to prescribe that these actions be taken. The inspectors expressed concern that due to the absence of a procedure, there was an increased potential for human error. Failure to control the water supply or remove the soap from the area could permit the adulteration of specimens. This matter will be reviewed during a subsequent inspection.

c. Development, Use and Storage of Records

A system of files and procedures to document the program and to protect personal information has been developed. The inspectors examined the security and contents of the files and found them to be adequately secure and current. Access to sensitive information, such as permanent record book data, MRO records and confirmed HHS laboratory test results, is limited to individuals with a need-to-know.

Although the filing cabinets in the collection stations are equipped with locking bars and padlocks, the inspectors questioned the quality of the padlocks to protect the sensitive information. The licensee agreed to address this concern.

d. Audit Program

The audit program appears to be thorough and effective. The licensee has conducted audits of the contracted drug testing laboratory (HHS certified) and the results indicate satisfactory performance.

However, it was determined by the licensee's auditors that the laboratory uses a two-level screening process, which needs to be evaluated for compliance to the requirements of 10 CFR 26, Appendix A, Section 2.7.f.2.

The first level is performed using Enzymatic Immunoassay (EIA) Technology. Specimens that test presumptively positive by this method are sent for a second level of screening using Radioimmunassay (RIA). Only those specimens that exceed the cut-off levels using both methods are sent for Gas Chromatography/Mass Spectrometry (GC/MS) confirmation. This two-level screening procedure could result in two readings, one which is above the cut-off limit, and one which is below the cut-off limit. In this case, the laboratory would report the result as negative, without GC/MS confirmation.

The licensee understands that the NRC rule requires that any sample that exceeds the cut-off limits on either screening method must be confirmed by GC/MS technique. The licensee has brought this to the attention of the laboratory director, who the licensee says refuses to change the analysis procedure. The licensee and the NRC staff are pursuing this matter. This is an Unresolved Item (UNR 50-334/90-21-02 and 50-412/90-21-02) and will be reviewed during subsequent inspections.

The licensee also had its program audited by a corporate audit team augmented by consultants. The audit appears to have been comprehensive and identified a number of program weaknesses that the licensee has corrected or is undertaking to correct.

8. Onsite Testing Facility

The licensee does not conduct on-site screening for drugs. However, testing capabilities for breath alcohol are provided and are consistent with the expectations of the rule. Approved breath-testing devices are used. Procedures for their use are appropriate, and personnel have been trained in the use of the devices.