

PDR



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

November 30, 1990

Joseph H. Autry, III, MD
Chairman, Interagency Coordinating Group
Alcohol, Drug Abuse and Mental Health
Administration
U.S. Department of Health & Human Services
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Autry:

I am responding to your request for submission of the Federal Drug-Free Workplace Program Semi-Annual Report Form. The Nuclear Regulatory Commission's completed form covering the period April 1, 1990, through September 30, 1990, is enclosed. If you have any questions regarding this information, please contact our primary liaison for this program, Richard A. Dopp, on 301-492-4109.

Sincerely,

Kenneth C. Rogers
Kenneth C. Rogers
Acting Chairman

Enclosure:
As stated

cc w/encl:
Judith Galloway, NIDA

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PDR COMMS NRCC
CORRESPONDENCE PNU

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FEDERAL DRUG-FREE WORKPLACE PROGRAMS
 SEMI-ANNUAL REPORT FOR THE PERIOD
 APRIL 1, 1990 - SEPTEMBER 30, 1990
 REPORT DUE DECEMBER 3, 1990

Return signed and completed form to:
 Judith Galloway, Chief, Policy Section
 Division of Applied Research
 National Institute on Drug Abuse
 5600 Fishers Lane, Rm 9-A-63
 Rockville, Maryland 20857
 NIDA/DAR FAX (301) 443-2636
 Direct phone inquiries to:
 Ron Armstrong, (301) 443-0802

Information about Federal Agency completing form:

Name	PRIMARY LIAISON Richard A. Dopp	PREPARER OF REPORT, IF OTHER THAN PRIMARY LIAISON Christine F. Secor
Title	Deputy Director, Division of Security	Division of Security
Agency	U.S. Nuclear Regulatory Commission	Telephone (301) - 492-4132
Address	Mail Stop: WDD 9721 Washington, DC 20555	FAX (301) - 492-4159
Telephone (301)	- 492-4109	
FAX	(301) - 492-4159	

Part I. Please provide the following information about your urine testing program results during the covered period. If no testing was performed, enter zero in the left top total column. In the "total tested" row under the appropriate column: enter "NA" if your agency plan does not provide for a particular type of testing; enter "ENJOINED" or "LABOR", if a particular type of testing is restricted (see Part IV.5)

	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS							
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	OUTSIDE APPLICANT	INSIDE APPLICANT FOR TDP
TOTAL TESTED*	413	0	0	302	0	39		72
TOTAL REFUSING TESTS	0	0	0	0	0	0		0
TOTAL VERIFIED POSITIVE	0	0	0	0	0	0		0
VERIFIED POSITIVE FOR:								
MARIJUANA	0	0	0	0	0	0		0
COCAINE	0	0	0	0	0	0		0
PCP	0	0	0	0	0	0		0
OPIATES	0	0	0	0	0	0		0
AMPHETAMINE	0	0	0	0	0	0		0
OTHERS								

Part II. Please provide the following information about follow-up actions that have been taken during the covered period for employees whose urinalysis was VERIFIED POSITIVE.

NUMBER OF TESTED EMPLOYEES:	Part III. ADDITIONAL COMMENTS
REFERRED TO EAP	Two employees who tested positive under NRC's Plan have successfully completed the rehabilitation portion and are now in the continuing recovery and follow-up testing portions of the EAP.
REFUSED TO COOPERATE WITH EAP	
Successfully completed EAP	
RECOMMENDED COUNSELING OR TREATMENT	
NUMBER OF EMPLOYEES SEPARATED FOR:	
REFUSING URINALYSIS	
SPECIMEN TAMPERING	
REFUSAL TO COOPERATE WITH EAP REFERRAL	
FAILURE TO COMPLETE EAP	
RECOMMENDED COUNSELING OR TREATMENT	
VERIFIED POSITIVE FOLLOW-UP TEST	
OTHER REASONS	

(Please Specify)

REPORT CONTINUED ON REVERSE SIDE

VERSION

29-Oct-90

*Actual tests conducted per agreement with Ron Armstrong, NIDA on 11/0/90.

1/Outside and inside applicants combined in last column; separate data not available this reporting period.

Part IV

1. Number of Full-Time Equivalents (FTEs) in agency 3240

2. Number of individuals occupying Testing Designated Positions (TDPs) 1000

3. a. Has your agency begun testing of individuals in TDPs?

Yes No Not Applicable

b. Is testing ongoing for all reasons provided in your plan: for example reasonable suspicion, accident/unsafe practice, follow-up, volunteer, or for applicants?

Yes No Not Applicable

If Yes to a. and b., SKIP TO ITEM 6 BELOW.

c. If NO to a. or b. briefly give reason _____

4. a. Could your agency begin testing today under any circumstance for which your plan requires testing, i.e., reasonable suspicion, accident/unsafe practice, follow-up, volunteer, or for applicants?

Yes No

b. If NO, indicate below all components which are missing.

60-day notice

30-day notice

Obtained services of a certified laboratory

Obtained collection services

Obtained source for quality control specimens

Obtained services of a Medical Review Officer

Other

5.* Is any part of your agency's plan now or at any time during this period on hold or restricted by some external cause, for example litigation or collective bargaining?

Yes No

If Yes, for all types of testing restricted because of an injunction, write "ENJOINED" in the "TOTAL TESTED" row under the appropriate type of testing column on the reverse side (PART I).

Likewise, write "LABOR" where testing activity was restricted because of labor negotiations.

Also, briefly describe below the nature of the hold-up, its cause, and the projected date for the removal of the restriction.

*NRC initiated testing of non-bargaining unit employees in November 1928. During the past reporting period, agreement was reached with the NTEU to initiate testing of bargaining unit employees, including random testing of those in TDP's which will begin during this reporting period.

6. a. During this period how many employees have been provided with educational materials on the effects of illegal drugs and/or other aspects of the Agency's drug-free workplace plan?

Direct contact: Most Some None

Indirect contact: Most Some None

What were the methods of contact?

Classroom instructions Meetings Interviews Public notices and posters

Desk-to-desk distributions Payslip memos LAN bulletins Other _____

7. During this period how many supervisors have been provided with educational materials on the effects of illegal drugs and their responsibilities under the Agency's drug-free workplace Plan?

Direct contact: Most Some None

Indirect contact: Most Some None

What were the methods of contact?

Classroom instructions Meetings Interviews Public notices and posters

Desk-to-desk distributions Payslip memos LAN bulletins Other _____

Kimberly C. Rogers

Signature of Agency Head

Acting Chairman, USNRC

Official Title



Alcohol, Drug Abuse and
Mental Health Administration
Rockville MD 20857

October 29, 1990

Dear Colleague:

At the October 17 meeting of the Interagency Coordinating Group (ICG) and Primary Liaisons from all Federal Agencies subject to E.O. 12564, those present discussed proposed revisions to the Semi-Annual Report Form. In response to that discussion the Form has been further revised, incorporating most suggestions made at the meeting or subsequently submitted in writing. The revised Semi-Annual Report Form is attached for your use in reporting data from the period April 1, 1990 through September 30, 1990. The Report is due in NIDA on December 3, either by mail or fax.

Although many in attendance expressed concern that the revised form requires agency head signature, the ICG -- including its newest representative from the Office of National Drug Control Policy -- has determined that agency head signature is necessary, particularly in light of Congressional interest, ongoing General Accounting Office investigations, and regular requests under the Freedom of Information Act. For purposes of this Report, the term "agency" means an organization which was required to submit a Drug-Free Federal Workplace Plan in response to E.O. 12564 and those twelve entities which had begun drug testing at the time the Executive Order was issued. Thus, "agency" may mean a sub-cabinet level organization and Report sign-off may be accomplished by the head of that smaller component. If you are otherwise unable to meet the December 3 due date because the Report is in clearance, you may mail or fax the Report as submitted for agency head signature to the address on the face of the form. However, submission without signature is conditioned on your subsequently notifying this office of changes to the data as initially submitted if any are made during the clearance/sign-off process.

Please note that the information in the block for identifying the agency allows for a distinction between the Primary Liaison and any other agency representative who prepares the Report. It is critical that each agency's Primary Liaison be accurately identified and that the address, phone, and fax numbers are up to date. Your agency is dependent on the accuracy of that information for timely receipt of press releases, advisory memoranda on policy and testing matters, and other information in support of implementation of E.O. 12564. We will update our mailing and phone lists each time you submit this Report. In the interim, if the Primary Liaison for your agency should change, please provide written notice to this office signed by the agency official responsible for designating the new Primary Liaison. Also in the interim, please provide us with changes of address or in telephone/fax numbers.

Please use Part III to complete any answers for which there is insufficient space and to enter any additional comments. While we believe that you will find the revised Semi-Annual Report Form readily understandable, if you have questions please phone the contact shown on face of the Report form.

Sincerely,

Chairman, Interagency Coordinating Group

Enclosure

P.S. Mark you calendar for upcoming ICG meetings: November 28 and January 8 at the same time and place: 10 a.m. in the Auditorium of the HHH Bldg.