

U. S. NUCLEAR REGULATORY COMMISSION  
REGION I

Report No. 50-271/90-19

Docket No. 50-271

License No. DPR-28

Licensee: Vermont Yankee Nuclear Power Corporation  
R. D. 5, Box 169  
Ferry Road  
Brattleboro, Vermont 05301

Facility Name: Vermont Yankee Nuclear Power Station

Inspection At: Brattleboro, Vermont

Inspection Conducted: December 12-14, 1990

Type of Inspection: Initial Fitness-For-Duty

Inspectors: *A. Della Ratta* 01-22-91  
A. Della Ratta, Physical Security Inspector date

*A. Della Ratta for* 01-22-91  
E. B. King, Physical Security Inspector date

Approved by: *R. R. Keimig* 1-22-91  
R. R. Keimig, Chief, Safeguards Section date  
Division of Radiation Safety and Safeguards

Inspection Summary: Initial Fitness-For-Duty Inspection on December 12-14, 1990  
(Inspection Report No. 50-271/90-19)

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

Findings: Based upon selective examinations of key elements of the Vermont  
Yankee Nuclear Power Station's Fitness-For-Duty program, the objectives of 10  
CFR Part 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 availability of the Employee Assistance Program's facilities (Brattleboro Retreat) to the employees;
4. The awareness and utilization by employees of the Employee Assistance Program; and
5. The effectiveness of the training program.

Potential Weaknesses:

1. The lack of a statement in the Medical Review Officer's (MRO) policy to the effect that the MRO will interview individuals who have positive test results;
2. The lack of a desk procedure at the collection sites;
3. The need for enhancements to strengthen and provide consistency to the program policies and procedures; and
4. The need to increase the amount of random testing on backshifts, weekends and holidays.

## DETAILS

### 1.0 Key Personnel Contacted

#### Licensee

- \*D. Reid, Plant Manager
- \*\*M. Varno, Plant Services Supervisor
- \*\*J. Orris, Director Human Resources
- \*\*K. Casey, Employment and Compensation Manager
- \*\*R. Pagodin, Technical Services Superintendent
- \*\*\*C. Bowie, Benefits Manager
- \*\*\*R. Grippardi, Quality Assurance Supervisor
- Dr. G. Idelkope, Medical Review Officer
- Dr. R. Abney, Employee Assistance Program Coordinator

#### USNRC

- \*\*H. Eichenholz, Senior Resident Inspector
- \*\*T. Hiltz, Resident Inspector

- \*Denotes those personnel who attended the entrance meeting only.
- \*\*Denotes those personnel who attended both the entrance and exit meeting.
- \*\*\*Denotes those personnel who attended the exit meeting only.

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

### 2.0 Entrance and Exit Meetings

The inspectors met with the licensee's representatives, as indicated in Section 1, at the Vermont Yankee Nuclear Power Station on December 12, 1990, to summarize the purpose and scope of the inspection and on December 14, 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.

### 3.0 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 Part 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.

#### 4.0 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 and well written. 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 require employees to report to the Medical Services/Safety Coordinator any prescriptions or medications containing alcohol which they may be taking for medicinal purposes, but the procedures fail to include the use of over-the-counter (OTC) drugs. The licensee has agreed to revise the procedures to include reference to OTC drugs, where applicable.
- b. The Medical Review Officer's (MRO's) procedure does not make it mandatory for the MRO to provide an opportunity to individuals who have a confirmed positive drug screening to meet with him to discuss the positive results. This is not consistent with 10 CFR Part 26, Appendix A, 2.9(c) which states, in part, that the MRO shall give the individual an opportunity to discuss the test results with him or her. The inspectors confirmed that, in practice, the opportunity to meet with the MRO is being provided. The licensee has committed to revise the procedure to ensure that the duties of the MRO are properly addressed.
- c. Several procedures fail to make reference to the delegation of authority in the absence of particular FFD program personnel. This increases the potential for decisions being made by inappropriate personnel. The licensee has committed to identify the authorized designees in all cases.

- d. The collection site procedures do not contain step-by-step instructions for carrying out the collection process; rather, the procedure is written in an overview fashion. However, based upon interviews with the collection site staff, it was apparent that they were knowledgeable of their duties and responsibilities. The inspectors stated that the lack of detailed procedures created the potential for inconsistencies in carrying out the processes and the opportunity for employees to deviate from acceptable practices. The licensee agreed to review and revise the procedures as needed.

#### 5.0 Program Administration

Following are the inspectors' findings with respect to the administration of key program elements in 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 Senior Vice President, Operations, who is responsible for all of the key line program elements (e.g. security, training, EAP (Human Resources), Fitness-For-Duty). The FFD Program Manager, through a chain-of-command, reports to the Senior Vice President, Operations. Except as noted in Details, Section 4.0 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 and staff that are necessary for them to carry out their jobs. This was evident by the manner in which both collection sites, one located at the corporate office and the other located inside the protected area at the station were 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 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 Vermont Yankee Procedure 222-8, Collection Site Procedures, which did not require alcohol breath analysis test results to be within plus or minus ten percent of the average of the two measurements, as stated in 10 CFR Part 26, Appendix A, 2.4(18); lack of privacy at the station collection site for personnel randomly selected for testing; and Vermont Yankee Procedure 222-7, Record Keeping and Reporting Requirements, which did not specify who will notify the NRC of Fitness-For-Duty (FFD) violations in the absence of the Personnel Director. The licensee implemented measures to correct the audit findings. The corrective measures were reviewed by the inspectors and determined to be adequate.

e. Measures Undertaken to Meet Performance Objectives of the Rule

The licensee 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 the following enhancements:

- although not required by NRC regulation, all contractors and vendors must make an EAP program available to their employees;
- effective integration of station security in the FFD initiative (i.e., on at least one occasion involving three persons, security officers intercepted and denied access to individuals who were attempting to enter the plant with the odor of alcohol on their breath); and
- the conduct of periodic searches of the station using drug detection dogs, although not specifically required by NRC regulations.

f. Sanctions

The licensee's written policies include sanctions that are consistent with 10 CFR Part 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 without pay, mandatory Employee Assistance Program (EAP)

referral, a satisfactory medical evaluation from the MRD prior to being reinstated, and follow-up testing for two years, in addition to random testing. Any subsequent confirmed positive test will result in termination of employment for licensee personnel, and permanent denial of access for contractors. These sanctions are also enforced for alcohol policy violations.

g. Employee Assistance Program (EAP)

The licensee's EAP has been in existence for many years. The program offers assessment, counseling, and referral services through a contract with qualified counseling professionals. The inspectors interviewed the EAP Coordinator and found that he was not only knowledgeable of the duties and responsibilities of his position in accordance with the Rule, but also with the facilities and numerous EAP services available to Vermont Yankee employees. Participation in the EAP is treated on a confidential basis. The inspectors determined that the licensee would be informed of an employee whose condition constitutes a hazard to the plant, himself, or others, when the EAP counselor identifies such a situation.

The inspectors determined through interviews with randomly selected station employees that the EAP is well accepted and is utilized by the employees. The EAP Director provided documentation that indicated that the majority of individuals enrolled in the program are self-referrals. This demonstrates that the licensee has encouraged its employees to use the service and that the employees have confidence in the program.

6.0 Training

The licensee's FFD training program appears to be adequate in most respects. Interviews with plant employees consisting of licensee and contractor supervisory and non-supervisory personnel, conducted by the resident inspectors assisting in this inspection, revealed that plant employees were generally knowledgeable of the program and the actions and responsibilities that were assigned to them. The NRC resident inspectors' review of the training program indicated that both content and delivery were good.

The inspectors determined that FFD training for licensee supervisors (initial and refresher) is conducted by an outside contractor. The licensee's Department of Human Services schedules the training and maintains the training records. While conducting a review of the training records, the inspectors noted that they were not well organized or maintained in an easily retrievable system to facilitate tracking. The inspectors expressed concern to the licensee that required training could be overlooked because

of this situation. The inspectors also reviewed the FFD records maintained by the Training Department, which is responsible for general employee FFD awareness training and escort training. Those records were found to be well maintained with a good tracking system.

The licensee has agreed to review the inspectors' concern and, if warranted, develop a better tracking mechanism for the supervisory FFD training.

## 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 individuals for random testing is generated by a computer on a weekly basis from separate pools composed of all individuals with unescorted station access. The pools are updated on a daily basis. Separate pools have been established for licensee employees, long-term contractor personnel, and short-term contractor personnel. The licensee identified that the testing rate utilized for random testing was not meeting the percentages necessary to achieve the goal of 100 percent per year. In order to achieve the goal, the licensee increased the testing rate and made adjustments, as needed.

Employees who 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 corporate collection facility if their names are randomly selected. Individuals who require station access to perform specific job requirements on an infrequent basis are not badged but are processed as visitors and escorted at all times while in the station protected area. The names of these individuals are not included in the random selection pools.

The selection process appears to have adequate safeguards to protect sensitive information. Only two individuals have access to the computer program that generates the lists, and all uses and modifications of the program are automatically recorded. The physical location of the computer and the computer generated lists allows for adequate security.

Notification of employees selected for random testing is conducted by the Fitness-For-Duty Manager, or designee, by informing their supervisors 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 10 minutes late for a pre-scheduled appointment. However,



the collection site procedures do not contain the follow-up actions being implemented by the collection site staff, if such actions are required. As stated in Section 4.0(d), the licensee agreed to review and revise the procedure, as needed.

The frequency of testing on weekends and holidays is minimal. To date, the licensee has only tested on one Saturday, one Sunday, and one holiday. The inspectors expressed concern about the effect such minimal testing has upon the validity of the randomness. The licensee agreed to increase random testing on weekends and holidays as well as on backshifts. This matter will be reviewed during subsequent inspections.

Procedures and program support in cases of for-cause testing appear to be adequate. 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. Each collection site was adequate to process one person at a time. The design of the facilities is conducive to tracking individuals as they proceed through the process. The facilities provide adequate security for specimens, collection equipment, and records. The collection rooms have no source of water that have not had a bluing agent added. In addition, the licensee has a back-up power supply in place to assure that the storage refrigerator would not be without power for extended periods. During the walkthrough, no weaknesses were observed in the way the collection site personnel process either individuals undergoing testing or the specimens.

However, two minor deficiencies were noted in the station collection facility as follows:

- The ceiling tiles in the collection room were not secured; and
- A small desk in the collection room had an open compartment.

The inspectors discussed with the licensee the importance of ensuring the integrity of the collection room and the potential for the noted deficiencies to be used for the storage of specimen adulterating materials. The licensee agreed to correct both deficiencies.

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 is limited to individuals with a need-to-know. Additionally, review of records by the inspectors indicated that chain of custody procedures were being followed at all times.

d. Audit Program

The audit program appears to be thorough and effective. The licensee has conducted audits of the contracted drug testing laboratory and the results indicated satisfactory performance. The licensee has also had its program audited by a corporate audit team augmented by consultants. The audit appeared to have been comprehensive and identified a number of program weaknesses that the licensee has corrected or is undertaking to correct.

8.0 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.