

APPENDIX

U.S. NUCLEAR REGULATORY COMMISSION  
REGION IV

NRC Inspection Report: 50-285/90-43      Operating License: DPR-40

Docket: 50-285

Licensee: Omaha Public Power District (OPPD)  
444 South 16th Street Mall  
Mail Stop 8E/EP4  
Omaha, Nebraska 68102-2247

Facility Name: Fort Calhoun Station (FCS)

Inspection At: FCS, Blair, Nebraska  
OPPD, Omaha, Nebraska

Inspection Conducted: October 31 through November 2, 1990

Inspectors: M. Linda McLean      1/2/91  
M. Linda McLean, Physical Security Specialist      Date  
Nuclear Materials and Safeguards Inspection  
Section

M. Linda McLean for      1/2/91  
Eugene McPeck, Office of Nuclear Reactor      Date  
Regulation

Approved: Charles L. Cain      1/2/91  
Charles L. Cain, Chief, Nuclear Materials      Date  
and Safeguards Inspection Section

Inspection Summary

Inspection Conducted October 31 through November 2, 1990 (Report 50-285/90-43)

Areas Inspected: Special, announced inspection of the licensee's Fitness-For-Duty (FFD) Program, required by 10 CFR Part 26. This inspection included a review of the licensee's written policies and procedures and program implementation, as required by 10 CFR 26. The review was conducted in accordance with Temporary Instruction (TI) 2515/106. Specifically, the inspectors evaluated the licensee's program administration and management support, selection and notification for testing, collection and processing of specimens, FFD training and worker awareness, the employee assistance program, management actions and sanctions, appeals, audits, and maintenance and

protection of records. The review of the program implementation involved interviews with key FFD program personnel and a sampling of the licensee's employees and contractor personnel with unescorted access, a review of relevant program records, and observation of key processes, such as specimen collection.

Results: Based upon NRC's selective examination of key elements of the licensee's FFD Program, it has concluded that the licensee is satisfying the general objectives of 10 CFR 26.10. Most notable was OPPD's extra effort to meet the performance objectives of the rule while maintaining the privacy and the dignity of employees. As a consequence, employee support for and confidence in the FFD Program appeared high and were exhibited during the interview process. Additionally, management support for the program was apparent by the competency and dedication of the staff involved in administering the program. OPPD's comprehensive supervisory training program was another notable program strength.

The licensee committed to review those areas requiring additional attention including the collection procedures at the Physician's Clinic, the escort training program, revised written procedures, and record documentation. These will be evaluated during a future inspection.

DETAILS

1. Persons Contacted

OPPD

- \*K. L. Belek, Supervisor, Industry Affairs
- \*J. W. Chase, Manager, Licensing and Industry Affairs
- \*S. K. Gambhir, Division Manager, Production Engineering
- \*J. K. Gasper, Acting Division Manager, Nuclear Operations
- \*R. L. Sorenson, Division Manager, Human Resources
- \*D. D. Roberts, Senior Industrial Engineer
- \*R. L. Andrews, Division Manager, Nuclear Services
- \*R. H. Guy, Manager, Labor Relations
- \*C. F. Simmons, Station Licensing Engineer
- \*F. Kenney, Supervisor, Access Authorization Programs
- H. J. Sefick, Manager, Security Services
- D. J. Matthews, Supervisor, Station Licensing
- T. Richards, Human Resources Development
- M. Graham, Nuclear Communications Specialist
- M. A. Xendi, Manager, Human Resources Development
- S. Spitnagel, Supervisor, Employee Benefits
- P. W. Brennan, Human Resources Administrator
- C. L. Burke, Department Secretary

NRC

R. Mullikin, Senior Resident Inspector

Other Organizations

- \*N. Durbin, Battelle Human Research Center
- B. Beermann, Methodist Employee Assistance Program (EAP)
- B. Thorne, Methodist EAP
- \*R. Olmhausen, Medical Review Officer (MRO), Physicians Clinic
- B. Wilson, Physicians Clinic

\*Attended exit interview.

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

2. Written Policies and Procedures (TI 2515/106-05.01)

The licensee's written FFD policies and procedures were reviewed and compared to the requirements of 10 CFR Part 26 to assure that they were comprehensive and of sufficient clarity and detail to communicate duties and responsibilities and to support the implementation of the program. Written procedures had been developed which adequately detailed responsibilities for important aspects of the program involving random

selection and notification, specimen collection, testing for cause, appeal process and procedures, followup testing, and medical review officer's (MRO) responsibilities.

10 CFR 26.24(d) requires access to the results of preliminary tests to be limited to the testing staff, the MRO, the FFD manager, and employee assistance program staff when appropriate. A review of the procedural controls for access to the results of preliminary tests as described in OPPD's Fitness-For-Duty Program, FFD-100, Section 5.10, Revision 3, "Confidentiality of Test Results," indicated that access to the results of preliminary screening would be limited to OPPD or duly authorized contractor collection/testing staff, the Medical Review Officer, the Fitness-For-Duty Coordinator, and the Manager - Security Services or designee where appropriate. The Manager, Labor Relations, stated that the written procedure was incorrect and did not accurately reflect actual practices since the Manager - Security Services did not have access to preliminary results. The licensee corrected FFD-100, Section 5.10, before the exit interview, deleting the Manager - Security Services from the Section.

OPPD's Drug and Alcohol Abuse/Fitness-For-Duty Policy 9.07 was found to be comprehensive and included all elements required by the rule. The policy states that alcohol is defined as a drug thereby not distinguishing its abuse, but applying the same sanctions as for drugs. This is considered a program strength. Copies of the policy were distributed to all personnel, and interviews with employees indicated that the policy was understood.

3. Program Administration and Management Support (TI 2515/106-05.02.a)

The administration of the FFD program was evaluated through review of management involvement and support of the program, the organization structure, and the assigned authorities and responsibilities.

Operational responsibility for the implementation of the licensee's FFD program has been assigned to the licensee's Human Resources Division. The Division Manager - Human Resources is responsible for the overall administration and management of the FFD program, the Employee Assistance Program (EAP) and employee/supervisor FFD training. The Manager - Labor Relations is designated as the company's Fitness-For-Duty Coordinator (FDC). Assistant Fitness-For-Duty Coordinators (AFDCs) provide coordination and administration of the day-to-day activities associated with the program. 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 EAP.

The inspectors interviewed the key FFD implementation personnel, including the FDC, an AFDC, collection personnel, the MRO, and the EAP administrator. Each appeared to understand their specific responsibilities and authorities. Resources in terms of staff assignment, management support, and facility allocation appeared to be appropriate. Plans were shown to the inspectors of the future collection site facility

which should be in operation by late 1991. The new facility will provide more work space and waiting room privacy, as well as a separate entrance to and exit from the collection site.

4. Worker Awareness and FFD Training (TI 2515/106-05.02.b)

Worker awareness and understanding of the FFD program were determined through interviews with licensee and contractor/vendor employees. A sampling of training records were inspected to determine the licensee's compliance with 10 CFR 26.21 and 26.22.

The inspectors conducted six interviews of licensee and contractor employees. Two were OPPD supervisors. These individuals had a good understanding of the FFD policy and the program elements that relate to them. Those interviewed indicated support for the program and mentioned that they did not want to work with someone that was not fit for duty. The inspectors watched an exceptionally good video production made by OPPD for their general employee fitness-for-duty training. Key OPPD management (including the CEO) discussed various program elements and their support for the program. The focus was on "eliminating the abuse not the abuser." A notable program strength is the continual behavior observation training for supervisors, in particular, the procedures for referrals and "for cause" testing.

At FCS, all employees with unescorted access could act as escorts. Although these employees receive general employee training in FFD, the inspector determined that the training, while adequate, may not go into as much detail as intended by the rule for escort training. 10 CFR 26.22(b), requires, in part, persons assigned to escort duties to be provided with appropriate training techniques for recognizing drugs and indications of the use, sale, or possession of drugs and techniques for recognizing aberrant behavior. After interviews with OPPD employees, it appeared that the training did not provide the employee with enough information to identify drug use. Additional training in this area may be considered for all employees who may be escorts at FCS.

5. Selection and Notification (TI 2515/106-05.02.c)

Inspection of the selection and notification process was conducted to ensure that: (a) affected workers are subject to random testing, (b) the annual testing rate is at least 100 percent of the affected workforce each year, and (c) adequate measures exist to prevent subversion of testing.

Selection for random testing was conducted by use of a computer generated list. The computer software is designed to prevent access to or tampering with the random selection process. Notification of personnel selected for testing is accomplished by the AFDC notifying the collection contractor as to the location and the start time. Prior to collection, the AFDC provides the collector with the names of the individuals scheduled for testing. The AFDC notifies the selected employee's immediate supervisor approximately 2 hours prior to the actual collection. The employee is

normally notified by the supervisor at this time. An employee or contractor unavailable for testing is subject to an unannounced test within the following 60 days. When an individual has been unavailable for greater than 60 days, the individual is not allowed within the protected area until a test has been performed, a notable program strength. Weekends, holidays, and backshift testing dates have been selected manually by the FDC and the AFDC. The dates were provided to the Physician's Clinic each month, who then schedules the collection site personnel to appropriately cover these periods. As required by 10 CFR 26.24, random testing should be conducted at a rate equal to at least 100 percent of the workforce. As of the dates of this inspection, the licensee was at a testing rate of 104 percent for employees, with a testing population of approximately 900.

The Fitness-For-Duty Program Performance Data form was submitted in a timely manner to NRC as required by 10 CFR Part 26. However, the inspector noted some omissions of data on the form during the in office review. Specifically, the average number of individuals with unescorted access at FCS was missing on the form. The licensee provided a corrected copy to the inspectors prior to their exit and committed to resubmitting the corrected copy to the NRC.

6. Chemical Testing/Collection and Processing of Specimens  
(TI 2515/106-05.02.c and d)

The licensee's chemical testing procedures were evaluated to determine if the program provides a means to deter and detect substance abuse, complies with 10 CFR 26.24, and conforms with, at a minimum, Appendix A of this rule.

OPPD has contracted with a Department of Health and Human Services (HHS) certified laboratory for its chemical testing. Two unsatisfactory laboratory performance testing reports were submitted to NRC within 30 days of the completion of the investigation into the incidents, as required by Section 2.8(e) of Appendix A to 10 CFR Part 26, with letters dated March 1 and April 9, 1990. The first incident was the reporting of two false negatives on blind controls, which were attributed to administrative errors. The second incident was a false negative report on a blind control attributed to inadequate sample mixing prior to analysis at the laboratory. The investigation and followup actions were thorough and acceptable. OPPD's cutoff level for marijuana metabolites is 50 ng/ml, more conservative than NRC's 100 ng/ml cutoff. Management actions when a person fails the more stringent standard are the same as if the individual failed the NRC standard. OPPD discontinued testing for benzodiazepines and barbiturates beginning July 1, 1990, since there was no evidence of use of these drugs at FCS.

Collection of specimens is performed at two locations, one at FCS and the second at a medical facility, Physician's Clinic, both with contracted personnel. The inspectors toured both facilities and interviewed the collection site personnel. Due to the nature of Physician's Clinic, a

medical facility, the conditions for collection differ from the collection site at FCS. The inspectors identified elements of the collection process at the Physician's Clinic that were not consistent with FCS practices.

One such element was the procedure for observation of individuals unable to provide a specimen. The licensee's FFD program, FFD-100-2, "Specimen Collection," Section 1.8, Failure of Individual to Provide Specimen, states, in part, "An observer will be called, and will accompany the person at all times when the person is not in the collection room with the collection site person." At the Physicians Clinic one of three, or all three, receptionists, who have other responsibilities during this time, are responsible for watching the individual sitting in the public waiting room. It was not clear to the inspectors if the receptionists were, at all times, able to observe the individual, particularly during periods of heavy patient loads, and a written procedure explaining their responsibilities was not available. Additionally, the permanent record book located at the clinic was missing some information, and although the driver of the courier service used by the clinic has routinely been the same individual, a procedure for verifying the identify of a driver, in the case of a substitute, was not available. The licensee committed to review the procedures at Physician's Clinic to ensure uniformity at collection sites. These program elements will be reviewed during a future inspection.

7. Maintenance and Protection of Records (TI 2515/106.05.01.c)

The licensee's record maintenance and filing systems were evaluated to ensure that their procedures achieved protection of personal information as required by 10 CFR 26.29.

Records of tests and test results were maintained at the Physician's Clinic in locked file cabinets in the reception area and were routinely locked during nonworking hours. Access to such records were limited to medical and clerical staff members who had job related "need to know" responsibilities. Results of tests have been transmitted by secured electronic transmission, with hard copy to follow.

One practice noted during the inspection at the Physician's Clinic was the lack of security afforded the keys to the file cabinets, which were, in fact, left in an unlocked drawer in the reception area overnight. The licensee took immediate corrective action upon this discovery, and on November 1, 1990, installed a locking bar and a high security changeable combination lock on the file cabinet containing employee records. Records maintenance at OPPD's corporate offices and at FCS appeared to be adequate for protection of information.

8. Employee Assistance Program (EAP) (TI 2515/106.05.01.c)

The EAP required by 10 CFR 26.25 appears to be designed to achieve early intervention and provide confidential assistance to employees. Furthermore, it appears that the EAP staff is aware of their

responsibility of reporting to management any individual whose condition constitutes a hazard.

The licensee has contracted with an independent outside organization to administer their EAP. The EAP provides for diagnosis, referral, and counseling. Costs of this program and the employee's time off may be covered under the company's insurance, sick leave, and vacation benefits. Interviews with employees revealed that they would not hesitate to take advantage of the EAP if necessary. The EAP staff appeared knowledgeable in OPPD's procedures and were aware of the reporting requirements.

9. Audits (TI 2515/106.05.01.c)

The inspectors examined the licensee's audit program to determine if it had an adequate program for identifying deficiencies and weaknesses, and to ascertain whether appropriate corrective actions were implemented in a timely manner.

The licensee had conducted a quality assurance (QA) audit February 26 through March 9, 1990 (90-OQA-076, report dated March 30, 1990), and a QA surveillance on July 16, 1990 (90-OQA-199, report dated July 25, 1990). The inspectors found the licensee's audit to be a timely and thorough effort. The audit provided for self-identification of four items in the licensee's program, all of which have been appropriately corrected.

10. Management Actions and Sanctions; Appeals (TI 2515/106.05.01.c)

The inspectors examined the management actions and sanctions policies to ensure compliance with 10 CFR 26.27. The appeals procedure was reviewed, and a review of an appeal filed under the provisions of 10 CFR 26.28 was conducted.

The licensee's procedures established sanctions as set forth by 10 CFR 26. The licensee's procedure calls for at least 14 days suspension following the first confirmed positive, unescorted access removed during the suspension, and referral to the EAP for assessment and counseling. A contractor, upon a first confirmed positive, is to be removed from unescorted access. The appeals process is available to both employees and contractors.

The inspector reviewed an appeal provided to an OPPD employee and concluded that the procedure was adequate, and that it provided the employee with enough information to understand the process and to be prepared for the actions needed to be taken. When an appeal meeting has been or is to be scheduled, the employee has been notified by certified mail of the date, time, and location of the meeting. Also, the letter identifies who will be in attendance at the meeting. The Division Manager - Nuclear Operations, or designee, is to make the final decision on the appeal, and notify the employee within 10 working days of the decision.



11. Exit Interview (IP 30703)

The inspectors met with licensee representatives denoted in paragraph 1 on November 2, 1990, and summarized the scope and findings of the inspection as presented in this report.