APPENDIX B

U.S. NUCLEAR REGULATORY COMMISSION
REGION IV

NRC Inspection Report: 50-313/91-01
50-368/91-01

Operating Licenses: DPR-51
NPF-6

Dockets: 50-313
50-368

Licensee: Entergy Operations, Inc. (EOI)
Route 3, Box 137G
Russellville, Arkansas 72801

Facility Name: Arkansas Nuclear One (ANO)

Inspection At: ANO, Russellville, Arkansas

Inspection Conducted: January 8-10, 1991

Inspector: M. Linda McLean 2/14/91
M. Linda McLean, Radiation Specialist/Health Physicist, Nuclear Materials and Safeguards Inspection Section — Date

Approved: Charles L. Cain 2/14/91
Charles L. Cain, Chief, Nuclear Materials and Safeguards Inspection Section — Date

Inspection Summary

Inspection Conducted January 8-10, 1991 (Report 50-313/91-01; 50-368/91-01)

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 Part 26 in the areas of: 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 some 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.

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Results: Based upon NRC's selective examination of key elements of the licensee's FFD program, it has been concluded that the licensee is satisfying the general objectives of 10 CFR 26.10.

The inspection identified some program strengths. The dedication and professionalism of the FFD staff is a strength that has greatly contributed to the licensee satisfying the general objectives of the FFD rule. Hiring a full-time medical review officer (MRO) for the program indicated management support for this program, which was also recognized and exhibited by employees during the interview process. Other strengths of the program are encompassed in the "details" section of this report. Some weaknesses were also identified. Most notable was the small size of the collection site area.

Three violations were identified as summarized below.

1. A violation of 10 CFR 26.22(c) was noted in that supervisors of contractors were not provided appropriate training if scheduled to be on site for less than 90 days (see paragraph 4).

2. A violation of 10 CFR Part 26, Appendix A, Subpart B, Sections 2.4(c) and 2.4(e) was noted in that unauthorized personnel gained access to the collection site (see paragraph 6).

3. A violation of 10 CFR Part 26, Appendix A, Subpart B, Section 2.4(g)(18) was noted in that the licensee failed to collect a second breath specimen when results of the first breath specimen were 0.000. In addition, 10 CFR Part 26, Appendix A, Subpart A, Section 1.1(2) states that to deviate from the provisions of the guidelines in this part, written approval of the Commission is required. The licensee failed to obtain written approval from the Commission authorizing the licensee to deviate from Appendix A.

DETAILS

1. Persons Contacted

EOI

*J. Yelverton, Director, Operations
*W. T. Craddock, General Manager, Support
*L. W. Humphrey, General Manager, Quality
G. L. Detherage, Manager, Business Planning and Analysis
*J. J. Fisicaro, Manager, Licensing
*W. E. Perks, Manager, Standards
*J. Swailes, Manager, Training and Engineering Planning
*H. J. Williams, Jr., Manager, Security
*J. Hodges, Medical Review Officer (MRO)
*T. C. Baker, Technical Assistant to Plant Manager Central
*K. D. Jeffrey, FFD Supervisor
R. J. King, Supervisor Licensing
*R. L. Sears, Nuclear Security Coordinator
*R. M. Cooper, Licensing Specialist
D. C. Harris, Training - Lead Trainer
*P. D. Speyerer, FFD Coordinator (Grand Gulf)

NRC

*C. Warren, Senior Resident Inspector
*L. Smith, Resident Inspector

*Attended exit interview.

The inspector 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 the role of the MRO.

Station Directive A 2.501, Revision 1, entitled "Fitness For Duty," has served as the program's policy statement, as well as the recently issued "Statement of Policy" signed by the President and Chief Executive Officer of Entergy Operations, Inc. Procedures were found under Human Resources Administration documents, and were the prime directives for implementing the FFD program at ANO. The policy and procedures addressed the FFD

organizational responsibilities, random chemical testing, testing for cause, sanctions, and appeals. The policy and procedures further addressed the prohibition of the sale, use, and possession of illegal drugs; abuse of prescription and over-the-counter drugs; and the consumption of alcohol.

Implementing procedures were found to be thorough, and all aspects of the rule appear to have been addressed.

A notable strength in the program was the procedure for aggressive followup testing of individuals returning to work after a 14-day suspension or after completion of a rehabilitation program.

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 and management oversight has been assigned to the General Manager, Support. The FFD supervisor has administered the day-to-day activities associated with the program, including the employee assistance program (EAP). Certified medical technologists have been employed as the collection-site personnel, and the MRO is a licensed physician employed full time by ANO. In addition, the licensee has contracted with an independent outside organization to administer the EAP. The inspector interviewed the key FFD implementation personnel, including the General Manager, Support; the FFD supervisor; the MRO; collection-site personnel; and the EAP administrator. Each appeared to understand their specific responsibilities and authorities. Notable strengths of the program were the dedication and professionalism of the staff and the availability of a full time MRO on staff.

Resources in terms of staff assignment and management support appeared to be appropriate. However, the designated collection site where specimens have been collected, tested, and stored, was found to be very small (126 square feet). The collection area was only one-half of the total area and privacy could be compromised during heavy work periods.

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 was inspected to determine the licensee's compliance with 10 CFR 26.21 and 26.22.

The inspector conducted six interviews of licensee and contractor employees; two were ANO supervisors. These individuals appeared to have a good understanding of the FFD policy and program elements that relate to them. Those interviewed indicated support for the program and that the program was deterring substance abuse.

The inspector determined that it is the licensee's practice to exempt supervisors, scheduled to work on site for less than 90 days from supervisors' training, which includes behavioral observation techniques for detecting degradation in performance, impairment, or changes in employee behavior as required in 10 CFR 26.22(a). The licensee reasoned that an individual in the position of onsite supervisor for less than 90 days does not have the opportunity to develop a long-time behavioral observation relationship with their subordinates; therefore, it would not be necessary to give them the training. A recent Entergy Operations, Inc., directive change reduced the exemption period from 90 days to 30 days on site; however, at the time of the inspection, this change had not yet been put into effect.

10 CFR 26.22(c) requires that initial training must be completed prior to assignment of duties within the scope of Part 26 and within 3 months after initial supervisory assignment, as applicable. Additionally, 10 CFR 26.23(a) requires that all contractor and vendor personnel performing activities within the scope of Part 26 be subject to the licensee's program if they are not in another approved FFD program. The licensee's failure to provide supervisory training to some contractor supervisors who fall within the scope of Part 26 was identified as a violation of 10 CFR 26.22 and 26.23 (313/9101-01; 368/9101-01).

NUREG-1385, "Fitness For Duty in the Nuclear Power Industry: Responses to Implementation Questions," Question 3.3, further clarifies this issue by stating, "10 CFR 26.22 requires that all supervisory personnel, including contractors, be trained in supervisory aspects . . ." and "before granting a contractor supervisor unescorted access, each licensee should ensure that the required training has been completed within the schedules specified in 10 CFR 26.22."

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 has been conducted by use of a computer generated list. The computer software was designed to prevent access to or tampering with the random selection process. Notification of personnel selected for testing has been accomplished by the FFD chief clerk notifying a person having supervisory responsibility for the selected individual. If the selected individual cannot report within the required time frame, usually 2 hours, a deferral must be requested by the person notified and approved by the FFD supervisor. Individuals who are selected but are temporarily absent have been excused for testing on that day. After individuals have been selected three times, and have been unavailable for testing each of the three times, their badges have been placed on administrative hold. Individuals with infrequent access have

been included in this approach. Additionally, an administrative hold has been placed on badges which have been inactive for 60 days. Before reestablishing badge authorization, they must report to the collection site for testing. The random list of selected individuals has been run daily. The number selected for the day has been dependent upon the population pool which has been updated on a weekly basis. As of the dates of this inspection, 2862 names were in the pool. Preliminary statistics for 1990 indicated a testing rate of 115 percent. Greater than 5500 tests have been performed in 1990 due to outage requirements.

The Fitness-For-Duty Program Performance Data Form for the first 6 months was submitted in a timely manner to NRC as required by 10 CFR 26.71(d).

Testing had been scheduled one time per month for weekends and backshifts, and two holidays per year were selected. As a result of an internal licensee audit (Report No. NQ-90-00456) which indicated a concern that the system did not provide equal odds to all employees being selected for testing, the licensee recognized a potential "safe period" and changed their procedures to provide an equal testing rate for backshifts. Originally, a selected individual scheduled on the backshift was deferred from testing up to three times (unless the selection date was the predetermined monthly backshift testing date). Revised procedures include the scheduling of a collection site person on the backshift to ensure equal testing rates and unpredictability of the random selection. The testing frequency for weekend and holiday shifts had not been changed. However, the FFD supervisor informed the inspector of his intent to test more frequently. The procedures were found to adequately satisfy 10 CFR 26.24(a) requirements.

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 (1) provides a means to deter and detect substance abuse, (2) complies with 10 CFR 26.24, and (3) conforms with, at a minimum, Appendix A of this rule.

The inspector conducted a walkthrough of the procedures for collecting, testing, and processing specimens. The collection site was small, but adequately equipped. Effective measures were implemented to prevent subversion of specimens. The onsite laboratory for preliminary screening of samples was well equipped and well maintained. Procedures were available for the use, maintenance, and calibration of laboratory equipment. Registered medical technicians with bachelor of science degrees and 1 year medical technology post graduate work have been the educational criteria for the laboratory technician positions. The technicians have been responsible for collecting specimens, operating drug screening equipment, and documenting test results. The medical technicians appeared thoroughly knowledgeable in test procedures and requirements.

The licensee met NRC criteria for preliminary and confirmatory cutoff limits and exceeded the criteria for marijuana by using a cutoff limit of 50 ng/ml. Presumptive positives, along with the required blind samples, were sent to a laboratory in Florida, certified by the Department of Health and Human Services (HHS).

Section 2.4(g)(18) of Appendix A of 10 CFR Part 26 requires, in part, that for each screening test, two breath specimens be collected from each individual no less than 2 minutes apart and no more than 10 minutes apart. ANO's Breath Testing Procedure No. 1023.031, Section 7.2, "Process," Step 7.2.13 states, in part, "If any reading other than 0.000 is obtained, then conduct a test within two (2) to ten (10) minutes." This procedure appeared to exclude the second breath specimen required by the rule.

Section 1.1(2) of Appendix A of 10 CFR Part 26 requires, in part, that licensees not deviate from the provisions of these guidelines without the written approval of the Commission. No written approval from the Commission authorizing the deletion of the collection of a second breath specimen was available to the inspector.

The licensee informed the inspector that NRC's program office had authorized the elimination of the second breath specimen by telephonic communication. A record of the telephonic communication was shown to the inspector. In addition, the licensee stated that at an FFD conference an NRC spokesperson stated that a second breath specimen was not required whenever the first result is 0.000. The inspector contacted the program office to verify the authorization, and found that no such authorization was intended to have been given. It appears that a misunderstanding had occurred as the program office, in responding to questions on several occasions, had indicated that it had determined that the second breath specimen was not technically necessary whenever the first specimen result is 0.000, and that the staff would recommend to the Commission a change to the rule in the future. Failure of the licensee to have written approval of the Commission to deviate from the provisions of these guidelines was identified as a violation of 10 CFR Part 26, Appendix A, Section 1.1(2) (313/9101-02; 368/9101-02).

The licensee stated that the collection site has been routinely locked when not in use, and the inspector noted that access to the testing laboratory has been recorded on a log. Additionally, the licensee stated that keys to the facility have been controlled, and access to keys has been limited to FFD personnel. However, at the time of the inspection the collection site was found not to be adequately secured. Two doors provided entry to and exit from the collection site. The intent of one door (an exterior door) was to have the test applicant exit the collection site area without having to reenter the waiting room. At the time of the inspection, this door was unlocked providing a means of uncontrolled entry directly to the collection site from the outside. The other door from the

waiting room was also unlocked and no procedure was apparent to the inspector to prohibit unauthorized entry, and in fact, two individuals not involved in the collection process were able to walk into the collection area without hindrance while the inspector was present.

10 CFR Part 26, Appendix A, Section 2.4(c) requires, in part, that security procedures provide for the designated collection site to be secure, and Section 2.4(e) requires, in part, that no unauthorized personnel be permitted in any part of the designated collection site where specimens are collected or stored. The licensee's failure to have procedures to prevent unauthorized entry to the collection site and permitting such entry was identified as a violation of 10 CFR Part 26, Appendix A, Sections 2.4(c) and 2.4(e) (313/9101-03; 368/9101-03).

Prior to the exit interview on January 10, 1991, the licensee initiated corrective actions to secure both doors with locks such that unauthorized entry would not be possible without keys, while egress would not be impeded. In addition, quidelines were given to the FFD staff to ensure that the collection area would be secured at all times. These corrective actions were reviewed by the inspector prior to the exit interview and found to be adequate.

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, test results, and suitable inquiry documentation have been maintained by the FFD chief clerk. Access to such records has been limited to the FFD staff members who have had a job related need-to-know, and an access log has been maintained. Results of the tests on the presumptive positives sent to the HHS laboratory have been transmitted by secured electronic transmission directly to the MRO. The printer receiving this information has been secured in a locked cabinet located in the MRO's office. Only the MRO has access to the cabinet.

One concern was identified in that the current software used for data collection and storage required several apparently redundant entries of information, to be inputted at different terminals. This could lead to mistakes in recordkeeping, although, to date, the licensee stated no mistakes have occurred.

The controls observed during the inspection appeared adequate to provide the required protection and personal privacy for the records.

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

The EAP required by 10 CFR 26.25 was evaluated to determine if the program is designed to achieve early intervention and provide confidential assistance to employees and if the EAP staff is aware of their responsibility of reporting to management any individual whose condition constitutes a hazard.

The licensee has contracted since 1982 with an independent, outside organization to administer their EAP. The EAP has provided for diagnosis, referral, and short-term counseling. The inspector determined through an interview with the Executive Vice President of the EAP organization and with selected ANO employees that the EAP has been well accepted and utilized by the employees. EAP services have not been extended to contractor nor vendor personnel. The FFD supervisor has been assigned the responsibility for coordinating the EAP and has served as the licensee's contact for employees requiring assistance, in addition to referring employees to the EAP and coordinating their return to work after completion of treatment.

9. Audits (TI 2515/106.05.01.c)

The inspector examined the licensee's audit program to determine the extent to which it had identified 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 6 through March 12, 1990 (Report No. QAP-7-90 dated April 4, 1990). The audit contained seven Audit Finding Reports (AFRs) and nine recommendations. All AFR corrective actions had been completed by early December 1990. The corrective actions implemented for the AFRs appeared appropriate and were satisfactorily resolved. The inspector found the licensee's audit to be a timely and thorough effort.

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

The inspector 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 were found to establish sanctions as set forth by 10 CFR Part 26. Actions taken for a confirmed positive test depended upon whether it was the first offense or the second offense. The procedures call for at least 14 days suspension without pay following the first confirmed positive drug or alcohol test result, and unescorted access removal during the suspension. The procedure calls for individuals to be terminated upon a second confirmed test result.

All employees, contractors, and vendors have been provided an opportunity to appeal the determination of a confirmed drug or alcohol test. One appeal reviewed by the inspector had been through the entire appeal process. The outcome of the Appeal Board's review was a denial to overrule the results of the confirmed positive test. The procedures appeared to meet the rule requirements and were executed thoroughly during the appeal process.

11. Exit Interview (IP 30703)

The inspector met with licensee representatives denoted in paragraph 1 on January 10, 1991, and summarized the scope and findings of the inspection as presented in this report.