U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 50-341/92009(DRSS)

Docket No. 50-341 License No. NPF-43

Licensee: Detroit Edison Company
2200 Second Avenue
Detroit, MI 48226

Facility Name: Fermi 2

Inspection At: Plant Site and NRC Region III, Glen Ellyn, Illinois

Inspection Dates: April 30, 1992, Management Meeting at NRC Region III, Glen Ellyn, Illinois

May 12-15, 1992, onsite inspection

Inspector: James Belanger for 6/3/92
Gary L. Pirtle Date
Plant Protection Analyst

Reviewed By: James L Belanger 6/3/92
James R. Creed, Chief Date
Safeguards Section

Approved By: M. Schumacher for 6/3/92
Cynthia D. Pederson, Chief Date
Reactor Programs Branch

Management Meeting and Inspection between April 30 and May 15, 1992 (Report No. 50-341/92009(DRSS))

Areas Inspected: Reactive, announced fitness-for-duty (FFD) inspection involving management actions; FFD Collection Facility and Process; Review of Audit Results; Training and Performance of FFD Collection Personnel; FFD Staffing; and Followup on Previous Inspection Findings. A management meeting was held on April 30, 1992, to discuss inspection findings noted during a FFD inspection conducted between January 30 and February 25, 1992.

Results: The licensee was in compliance with NRC requirements within the areas examined. Ten previous inspection findings were reviewed and nine were closed. The audit and surveillance support for the FFD program since April 1992, and the FFD facilities were considered program strengths. FFD staffing levels appeared to be adequate, and the FFD staff was trained to perform their

FFD responsibilities. The reorganization of the FFD program was completed on time and appears to be effective. Final contracts need to be completed with a new Medical Review Officer and an alternate laboratory. No deviations, unresolved items, or open items were noted during the inspection (see Sections 2 and 5 for related information).

The management meeting conducted on April 30, 1992, concluded that the licensee was aggressive in addressing the NRC inspection findings and resolving the issues in a timely manner (see Section 4 for related information).

DETAILS

1. Key Persons Contacted

A single asterisk (*) denotes those persons present during the April 30, 1992 management meeting held at NRC Region III office in Glen Ellyn, Illinois. A double asterisk (**) denotes those persons present during the May 15, 1992 exit interview conducted onsite at the conclusion of the inspection.

Licensee Representatives

* **R. Stafford, General Director, Nuclear Assurance
  **R. McKeon, Plant Manager
  **B. Newkirk, General Director, Regulatory Affairs
* **J. Korte, Director, Nuclear Security/Fitness-for-Duty Program Manager
* **J. Tibai, Supervisor, Compliance
  **T. Bradish, Quality Assurance Supervisor
* **R. Fitzsimmons, Fitness-for-Duty Administrator
  **T. Stack, General Supervisor, Security Operations
  **S. Edwards, Supervisor, Security Training
  **S. Neal, Security Compliance Auditor

NRC Representatives

  *W. Axelson, Deputy Director, Division of Radiation Safety and Safeguards
  *J. Creed, Chief, Safeguards Section
  **S. Stasek, Senior Resident Inspector
  *T. Colburn, Fermi Project Manager, NRR
* **G. Pirtle, Plant Protection Analyst
  *R. Mendez, Reactor Engineer, Reactor Projects, Section 2B

2. Followup on Previous Inspections Findings (IP 81700):

a. (Closed) Open Item (Report No. 50-341/89022-04): This open item was addressed in Section 3 of that report and pertained to the licensee determining who would resolve significant medical differences of opinion in reference to fitness-for-duty issues.

Section 5.2 of procedure FMD AD4, "Fitness-for-Duty," (Revision 8) dated April 2, 1992, now requires the Medical Review Officer to determine the final disposition of cases in which there are conflicting medical opinions. This item is considered closed.

b. (Closed) Open Item (Report No. 50-341/92002-01): This open item was addressed in Section 4.a of that report and pertained to weaknesses with the Security Contingency Training and Drill (SCT&D) Program. The details of the weaknesses are considered to be safeguards information and were described in Inspection Report No. 50-341/92002, dated February 13, 1992.

The licensee prepared an action plan to address the noted weaknesses. The action plan items were also described in Inspection Report No. 50-341/92002, and were scheduled to be completed by April 15, 1992. The inspector confirmed that the action plan items were completed as scheduled and the weaknesses noted in the SCT&D program were resolved. This item is considered closed.

c. (Open) Open Item (Report No. 50-341/92002-02): This open item was addressed in Section 4.c of that report and pertained to maintenance support and compensatory measures for the protected area lighting system. The details of this issue are considered to be safeguards information and were described in Inspection Report No. 50-341/92002. Although improvement was noted in resolving the issue, lighting deficiencies experienced between May 12-15, 1992, indicated that further management attention is necessary to resolve the issue. This item will be reviewed during subsequent inspections.

d. (Closed) Open Item (Report No. 50-341/92002-03): This open item was addressed in Section 4.d of that report and pertained to some Task Evaluation Checklists (TECs) required revisions to include all task standards identified in the Security Force Training Plan (SFTP). The TECs are used to evaluate a security officer's ability to adequately perform tasks identified in the SFTP, and a task standard is a required action in reference to the task.

The inspector confirmed by interviews with the Supervisor, Security Training, and document reviews that the ESCs included all task standards identified in the Security Force Training Plan. This item is considered closed.

e. (Closed) Violation (Report No. 50-341/92003-01): This violation was described in Section 4.b(1) of that report and pertained to 12 instances between October 1990 and May 1991 when a person was not given a confirmatory test for alcohol prior to sanctions being imposed.

The licensee responded to the violation by letter dated April 22, 1992. The identified corrective actions included: medical personnel being advised to follow FFD procedures which correctly described the proper testing process; and a letter being provided to the individuals and their employers and placed in the background files for each person which described the circumstances of the incomplete testing and that sanctions imposed in accordance with 10 CFR Part 26 were removed. Additionally, the database for the Integrated Nuclear Data Exchange (INDEX) system was updated to correct FFD suitable inquiry question inputs.

The inspector confirmed by record review and interviews that letters had been provided to each individual and their employer, and that the INDEX data for all but two of the contractor personnel had been changed. The two contractor personnel who still had data in the INDEX system indicated that access denial was based on positive FFD test results other than the FFD tests described in the violation. The Security Department assumed FFD testing responsibilities as of

April 1, 1992. All current designated FFD collection personnel acknowledged understanding of the requirement for confirmatory alcohol testing by signed memorandum completed in January or February 1992. This item is considered closed.

f. (Closed) Violation (Report No. 50-341/92003-02): This violation was described in Section 4.b(2) of that report and pertained to four instances between January and December 1991 whereby a urine sample was not collected for drug abuse analysis during for-cause testing.

The licensee responded to the violation by letter dated April 22, 1992. The identified corrective actions consisted of informing the FFD collection staff of the failure to follow the correct procedural directions and advising them of the proper actions to take for FFD testing. Additionally, a new procedure, SEP AD4-02, was implemented which provided guidance for collection personnel stressing the need to perform a complete FFD test, to include both breath analysis and urine specimen collection for all FFD testing.

The inspector confirmed by interviews with the FFD Program Administrator that the FFD collection staff was advised of the need to obtain a urine specimen during for-cause testing. The inspector also verified that Section 6.b of procedures SEP AD4-02, "FFD Drug and Alcohol Testing," approved March 20, 1992, requires both drug and alcohol testing for all for-cause tests. Interviews with the FFD Program Administrator also disclosed that there has not been a repeat instance of failure to obtain a urine specimen during for-cause testing since December 13, 1991. This item is considered closed.

g. (Closed) Noncited Violation (Report No. 50-341/92003-03): This noncited violation was described in Section 4.b(3) of that report and pertained to a blood specimen for confirmatory test purposes being analyzed by a hospital whose laboratory was not certified by the Department of Health and Human Services (DHHS) to perform drug abuse analysis. Additionally, on one occasion the laboratory that performed the original analysis on a urine sample and a reanalysis on the aliquot was also requested to perform an analysis on a urine split sample. The root cause was determined to be inadequate procedure guidance because the FFD procedure (FIP-AD4-02) did not specifically address the unique analysis requirements for blood samples, or urine split sample processing at another Department of Health and Human Services (DHHS) certified laboratory.

The inspector confirmed that Section 5.2.3 of procedure FIP-AD4-02, "Drug/Alcohol Testing," Revision 5, approved March 17, 1992, was revised to require a split sample to be analyzed by a different DHHS certified laboratory than the laboratory that performed the initial analysis. Sections 6.3.5 and 6.3.6 of procedure SEP-AD4-02, "FFD Drug and Alcohol Testing," approved March 20, 1992, requires blood specimens to be maintained in the collection facility storage area until picked up by a laboratory courier. This practice would apply even if the blood specimen was collected at an off-site facility.

The courier transports the specimens to a DHHS laboratory designated as acceptable to perform drug abuse analysis in accordance with 10 CFR Part 26. Interviews with the FFD Program Manager and the Program Administrator disclosed that both individuals were aware of the unique analysis requirements for blood specimens and urine split samples. This item is considered closed.

h. (Closed) Violation (Report No. 50-341/92003-04): This violation was described in Section 4.c of that report and pertained to one incident when the unescorted access for an individual with a positive drug test result was not removed in a timely manner (three days after security was advised of the positive drug test results). 10 CFR 26.27(b)(2) requires immediate removal of unescorted access when a drug abuse test result is determined to be positive by the Medical Review Officer.

The licensee responded to the violation by letter dated April 22,1992. Their letter noted that no formal requirement existed for the MRO to notify only the Fitness-for-Duty Program Manager (FFDPM) or Fitness-for-Duty Program Administrator (FFDPA) of confirmed positive test results. The person who received the notification thought the results were from a prior FFD positive drug abuse analysis for the individual and therefore took no actions to have the individual's unescorted access denied.

Section 6.4.3 of procedure SEP-AD4-02, "FFD Drug and Alcohol Testing," approved March 20, 1992, requires the MRO to specifically report all confirmed positive drug test results to the FFDPM. Additionally, a memorandum, dated May 11, 1992, was sent to the contract MRO advising him that "immediate" notification should be made to the FFDPM or the FFDPA (or their designated alternates) when a drug abuse test analysis has been determined by the MRO to be positive. The FFDPM and FFDPA office and home telephone numbers, and pager numbers were included in the memorandum to the MRO. This item is considered closed.

i. (Closed) Open Item (Report No. 50-341/92003-05) This open item was identified in Section 4.d of that report and pertained to required clarifications in a FFD procedure (FIP-AD4-02). Three sections of procedure FIP-AD4-02 "Drug/Alcohol Testing" Revision 4, were identified as requiring clarification. The necessary clarifications pertained to: the MRO should not have the option to deny a request for reanalysis of a specimen; the MRO must advise licensee management of confirmed positive test determinations within 10 days of the initial presumptive positive screening test; and clarifying which category of tested personnel are included in the licensee's split urine sample program.

The inspector's review of procedures FIP-AD4-02, Revision 5, dated March 17, 1992, and SEP-AD4-02, Revision 0, dated March 20, 1992, showed that the procedures have been revised to address the three items noted above. This item is considered closed.

j. (Closed) Open Item (50-341/92003-06): This open item was addressed in Section 4.e of that report and pertained to monitoring closure of surveillance findings noted during an August 1991 licensee surveillance and closure of audit findings noted during a December 1991 licensee audit of the Fitness-for-Duty (FFD) program.

The inspector interviewed the Quality Assurance (QA) auditor who conducted the August 1991 surveillance and the December 1991 audit of the FFD program. All of the August 1991 surveillance findings had been closed, and all but three of the December 1991 audit findings had been closed. The open audit items pertained to storage of FFD related records, scope of MRO documentation of positive drug screen results, and use of MRO signature stamps during review of "negative" drug screen results. The three audit items pending closure pertain to areas where the licensee's requirements exceed 10 CFR Part 26 requirements, and they do not represent programatic weaknesses that could prevent FFD program objectives from being achieved. The MRO documentation issue and the use of signature stamp issue will be resolved in early June 1992, when the contract MRO assumes responsibility for MRO functions.

As part of a random sample review, the inspector independently reviewed the actions to close a licensee audit finding pertaining to calibration of breath analysis devices, and an audit finding pertaining to the blind performance testing program. Adequate procedure guidance for both areas had been prepared and the calibration and blind performance testing program were being closely monitored and well documented. This open item is considered closed.

3. Entrance and Exit Interviews:

a. At the beginning of the onsite portion of the inspection, Mr. W. Orser, Senior Vice President, Nuclear Generation, and other members of the licensee's staff were informed of the purpose of the visit and the functional areas to be examined.

b. The inspector met with the licensee representatives denoted in Section 1 at the conclusion of the onsite inspection on May 15, 1992. A general description of the scope of the inspection was provided. Briefly listed below are the findings discussed during the exit interview.

(1) Personnel were advised that the results of the April 30, 1992, management meeting would be included in this inspection report. (Refer to Section 4 for further information.)

(2) No violations, deviations, unresolved or open items were identified during the inspection. Ten previous inspection findings were reviewed and nine would be recommended for closure. (Refer to Sections 5 and 2 for further information.)

(3) The reassignment of major functions of the Fitness-for-Duty (FFD) Program to the Security Department was completed in a

timely and effective manner. The audit and surveillance support for the FFD program transition was considered a program strength. (Refer to Section 5 for further information.)

4. Management Meeting (IP 30702):

A management meeting with licensee representatives was conducted on April 30, 1992, at the NRC Region III office in Glen Ellyn, Illinois. Attendees at the management meeting are identified in Section 2. The management meeting was requested as a result of a FFD inspection conducted between January 30 and February 25, 1992, and addressed in Inspection Report No. 92003 (DRSS), dated March 23, 1992.

The agenda for the management meeting was to review the licensee's progress in closing FFD audit and inspection findings, to review progress in the reorganization of the FFD program, and to discuss planned short term (six month) surveillance and audit oversight of the FFD program after the reorganization has been completed. (Refer to page 4 of Enclosure 2.)

The licensee representatives addressed the status of the NRC inspection findings and Quality Assurance (QA) audit findings in reference to the FFD program. (Refer to pages 6-10 of Enclosure 2.) The actions to resolve the NRC violations and findings were considered as completed by the licensee representatives. The actions to resolve the QA findings were considered as completed, except for storage of FFD records in QA approved fire retardant storage facilities. It was noted that 10 CFR 26.71 does not specifically require fire retardant storage facilities for FFD related records.

The licensee representatives stated that the FFD program reorganization had been completed, and that the Security Department assumed FFD responsibilities formally assigned to the licensee's Medical Department. Employee Assistance Program Support would continue to be provided by the Medical Department. The contract Medical Review Officer (MRO) would assume duties by June 1, 1992. Until June 1, 1992, MRO functions would be provided by the licensee's Medical Department.

The licensee representatives also provided an overview of FFD audit support. (Refer to page 12 of Enclosure 2.) The Security Compliance Section was scheduled to complete an audit of the FFD program by May 15, 1992. The QA Department was scheduled to complete a program audit by the end of May 1992, and complete an annual program audit in December 1992.

The NRC representatives noted a concern that no FFD audit functions were scheduled during preparation for the scheduled September 1992 outage. The significant increase of personnel requiring unescorted access during the outage would place significant demands on the FFD program and resources. Program weaknesses should be identifiable under such demands. The General Director, Nuclear Assurance stated that a limited scope audit or surveillance of the FFD program would be performed during the initial inprocessing phase of preparation for the outage.

The licensee representatives briefly discussed the FFD testing results for their personnel and contractor personnel for the 1990-1991 period. It was noted that more than 7,500 FFD tests were completed during that time period. (Refer to pages 13 and 14 of Enclosure 2.)

The NRC representatives noted that the licensee appeared to be aggressive in addressing the inspection findings, and resolution of the issues appeared to be timely. The licensee representatives were advised that a follow-up inspection would be completed to formally review implementation of corrective actions and assess the effectiveness of the FFD program reorganization. Subsequent to the management meeting, the Director, Nuclear Security was advised that a follow-up inspection would be conducted between May 12-15, 1992. The inspection results are addressed in Sections 2 and 5 of this report.

5. Fitness-For-Duty (FFD) Program (IP 81502): No violations, deviations unresolved, or open items were noted during the inspection of the FFD program. The audit and surveillance support for the FFD program since April 1992 and the FFD facilities were considered program strengths.

In addition to reviewing licensee actions to resolve previous inspection findings (see Section 2), the inspector evaluated the FFD collection facility and process, training and performance of FFD collection personnel and audit support for the reorganization of the FFD program. On April 1, 1992, the Security Department assumed FFD responsibilities previously performed by the licensee's Medical Department.

Effective June 1, 1992, a contract physician will assume MRO responsibilities for the FFD program. Employee Assistance Program support will continue to be provided by the licensee's Medical Department. The contract physician has experience as a MRO for U.S. Department of Transportation regulated clients. The physician was not interviewed by the inspector because a contract for the MRO had not been finalized by the licensee as of the time of the inspection. A contract with the alternate Department of Health and Human Services (DHHS) laboratory to analyze urine split samples will be finalized by September 1, 1992. In the interim period, the alternate DHHS laboratory will process urine split samples on a purchase order basis as the need arises. The FFD Program Manager was requested to advise NRC Region III if the MRO contract was not implemented by June 1, 1992, or if the contract with the alternate DHHS laboratory was not implemented by September 1, 1992.

The audit and surveillance support for the FFD program since April 1992 has been excellent. The Security Compliance Section had compiled a 122 page FFD program checklists which addressed almost every section and subsection of 10 CFR Part 26 and Appendix A to 10 CFR Part 26. It was estimated that in excess of 500 hours of the Security Compliance Section's audit resources were expended between April 1 and May 15, 1992, to audit the FFD program. Additionally, a Quality Assurance (QA) audit was conducted between May 4-13, 1992, and another QA audit was being conducted during the time of the inspection. No audit findings were noted during the QA audits.

One finding and 10 observations were noted during the audit conducted by the Security Compliance Section. Five of the ten observations were corrected at the time of discovery or during the inspection period (May 12-15, 1992). The remaining audit observations did not represent significant programatic weaknesses. The FFD Program Manager will be required to address and resolve the remaining audit observations. The audit support for the FFD program was considered a program strength.

The inspector observed the FFD process from generation of the random selection list for testing, notification to personnel, collection and processing of the urine specimen, storage, preparation of a blind performance test sample, and release of specimens to the laboratory courier. Administration of breath analysis was also observed. No significant deficiencies were noted. The inspector also verified that collection personnel were trained for FFD duties they were required to perform.

The FFD collection facilities were evaluated by the inspector. The facilities were ample in size for the FFD staff and collection process. Adequate security was provided for the facilities and refrigeration facilities were available for specimen storage. Supplies available were adequate. The facilities were being improved and construction activities were scheduled to be completed by June 1, 1992.

FFD staffing levels were discussed with the FFD Program Manager, FFD Program Administrator, and the QA auditor who performed the FFD audits. Staffing levels were considered to be adequate. The FFD Program Administrator has two staff members assigned on a full time basis. Additionally, seven overhead personnel and 12 uniformed personnel have been trained in the FFD collection process to assist on a "as needed" basis and for back shift testing.

ENCLOSURE NO. 2

NRC REGION III AND DETROIT EDISON

VIEWGRAPHS USED DURING

APRIL 30, 1992 MANAGEMENT MEETING

INSPECTION CONDUCTED BETWEEN
JANUARY 30 AND FEBRUARY 25, 1992

INSPECTION REPORT NO. 92003 (DRSS)
DATED MARCH 23, 1992

INSPECTION RESULTS:

* THREE VIOLATIONS CITED

* ONE NONCITED VIOLATION IDENTIFIED

* TWO OPEN ITEMS IDENTIFIED FOR SUBSEQUENT FOLLOWUP

* FOUR STRENGTHS WERE IDENTIFIED

CITED VIOLATIONS INVOLVED:

* UNTIMELY DENIAL OF ACCESS FOR A PERSON WITH A POSITIVE DRUG TEST RESULT

* CONFIRMATORY TESTS FOR ALCOHOL WERE NOT CONDUCTED IN 12 CASES

* URINE SPECIMENS WERE NOT COLLECTED DURING FOR-CAUSE TESTS IN FOUR CASES

NON-CITED VIOLATION INVOLVED:

* BLOOD SAMPLE ANALYZED BY A LAB NOT CERTIFIED BY HHS FOR DRUG TESTING ANALYSIS

* SAME LAB PERFORMED INITIAL AND SPLIT SAMPLE ANALYSIS

OPEN ITEMS INVOLVED:

* FFD PROCEDURE WORDING CLARIFICATION

* NRC WILL MONITOR CLOSURE OF FFD INSPECTION, SURVEILLANCE, AND AUDIT FINDINGS

STRENGTHS INVOLVED:

* QUALITY OF QA FFD AUDITS

* PROGRESS IN CONSOLIDATING FFD FUNCTIONS

FFD ADMINISTRATOR'S KNOWLEDGE OF PROGRAM REQUIREMENTS

* PROTECTION OF PRIVACY OF FFD-RELATED RECORDDS AND INFORMATION

INSPECTION REPORT COVER LETTER IDENTIFIED FOLLOWING OBJECTIVES FOR MANAGEMENT MEETING:

* REVIEW PROGRESS IN CLOSING AUDIT AND INSPECTION FINDINGS

* REVIEW PROGRESS IN THE REORGANIZATION OF THE FFD PROGRAM

* DISCUSS PLANNED SHORT TERM (SIX MONTH) SURVEILLANCE AND AUDIT OVERSIGHT OF THE FFD PROGRAM AFTER THE REORGANIZATION HAS BEEN COMPLETED

Fermi 2 Fitness For Duty Program

NRC Inspection

Nuclear Quality Assurance Audits

Progress of FFD Program Reorganization

FFD Audit Program

NRC Violations/Corrective Actions

Violation	Corrective Actions	Status
Declared positive alcohol tests did not include confirmatory test *NRC Inspection 2/92*	INDEX Data Base corrected	Complete
	Letter placed in screening file	Complete
	Letter sent to individual and employer	Complete
	Use of incorrect work instruction discontinued	Complete
	FFD collection staff notified to use Fermi interfacing Procedure	Complete
	Nuclear Security assumed all FFD collection activity	Complete
"For Cause" tests did not include collection of urine for drug analysis *NRC Inspection 2/92*	FFD collection staff informed of violation and instructed on proper procedure	Complete
	Procedure providing additional guidance approved	Complete
	Nuclear Security assumed all FFD collection activity	Complete

NRC Violations/Corrective Actions

Violation	Corrective Actions	Status
Untimely deactivation of access *NRC Inspection 2/92*	Individual escorted out of Protected Area upon discovery	Complete
	Incident was reviewed with appropriate staff members	Complete
	MRO and alternate MRO were provided instruction for reporting any positive test results	Complete
Blood analysis for alcohol performed at a non-HHS certified lab Split re-analyzed at same lab *NRC Inspection 2/92*	Procedure written detailing unique analysis requirements for blood and urine split samples	Complete
	FFD collection personnel trained on procedural requirements	Complete
	Nuclear Security administering the FFD program	Complete

Other NRC Inspection Findings

NRC Finding	Corrective Actions	Status
Procedure Clarification needed:	Procedure(s) revised:	
MRO option to deny re-analysis	Option removed	Complete
MRO reports positives-10 days from presumptive positive test date	10 day limit clarified	Complete
Fermi 2 split program	Split program clarified	Complete
Handling of blood for alcohol analysis	Guidance provided	Complete
NRC Inspection 2/92		

NQA Audit Findings/Corrective Actions

NQA Findings	Corrective Actions	Status
Inadequate implementation of blind specimen testing program	Reviewed records, determined scope	Complete
	Security met with Medical weekly to coordinate blind specimen submittals	Complete
	Procedure written detailing blind specimen program	Complete
NQA Audit 12/91	Nuclear Security administering blind program	Complete
Some reviews of safety related work not completed	Positives for 1991 reviewed and verified no adverse impact on safe operations of plant	Complete
	Procedure revised to clarify supervisor responsibility	Complete
NQA Audit 12/91	Nuclear Security actively requesting reviews	Complete
Failure to maintain records in QA approved storage	Plan to store records developed	Complete
	Work is ongoing	
NQA Audit 12/91		

NQA Audit Findings/Corrective Actions

NQA Findings	Corrective Actions	Status
Failure to implement/maintain breathalyzer calibration program	All positive tests reviewed - no out of calibration instruments	Complete
	Scope identified for potential out of calibration instrument use; 172 of 609 tests reviewed, no false negatives	Complete
	Nuclear Security personnel trainined and certified by vendor	Complete
	Procedure written detailing calibration program	Complete
	Calibration stickers and logs initiated	Complete
NQA Audit 12/91	Nuclear Security administering calibration program	Complete
Improper processing of split specimen	Reviewed incident with collection personnel	Complete
	Splits are not disposed until hard copy results received	Complete
NQA Surveillance 3/92	Nuclear Security administering split storage and disposal	Complete

Changes to Strengthen FFD Program

Consolidate FFD Program Functions Under One Organization

Nuclear Security has assumed all FFD program administration except EAP function

FFD Audits

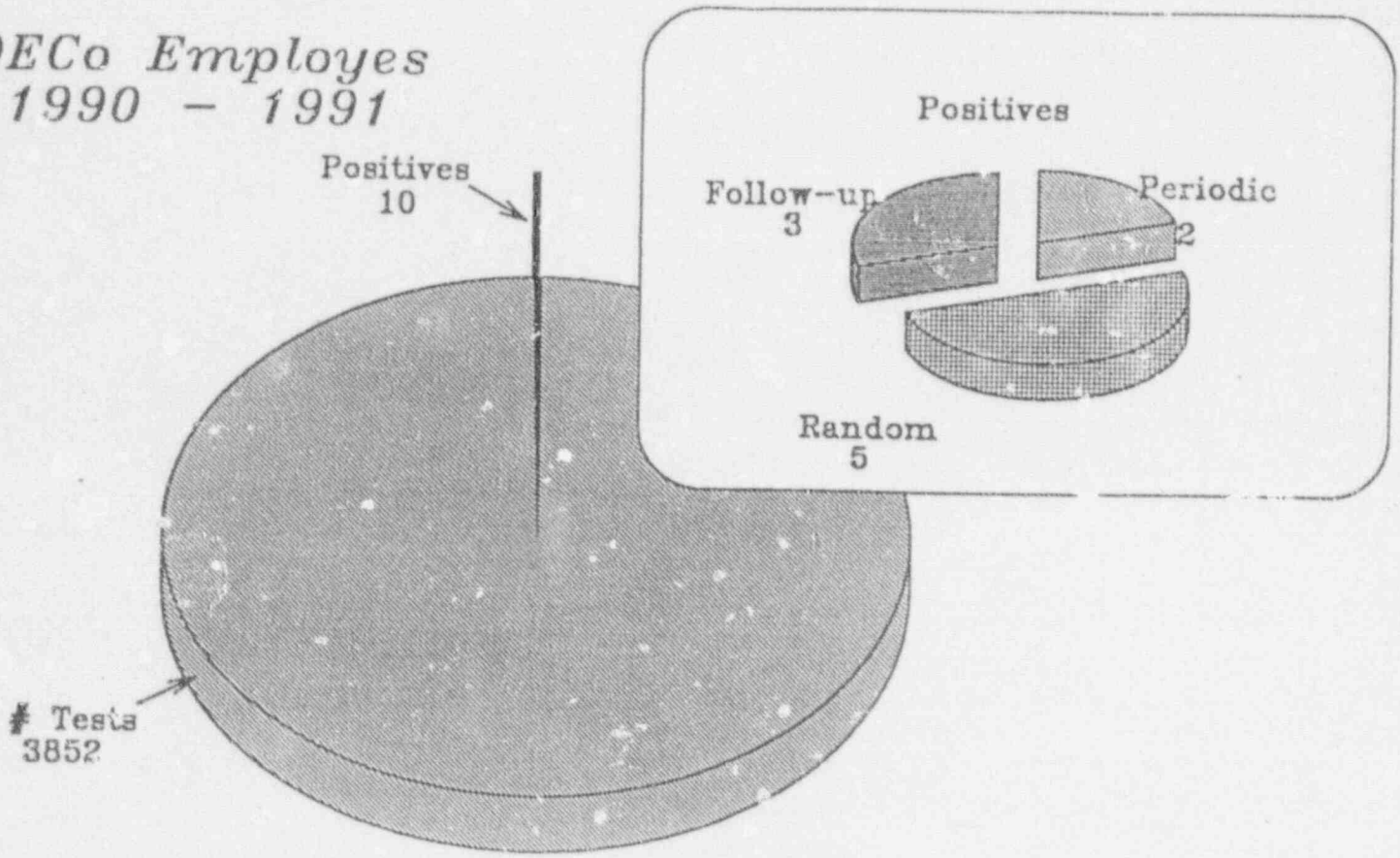
Nuclear Security Compliance Section is performing a thorough evaluation of the program

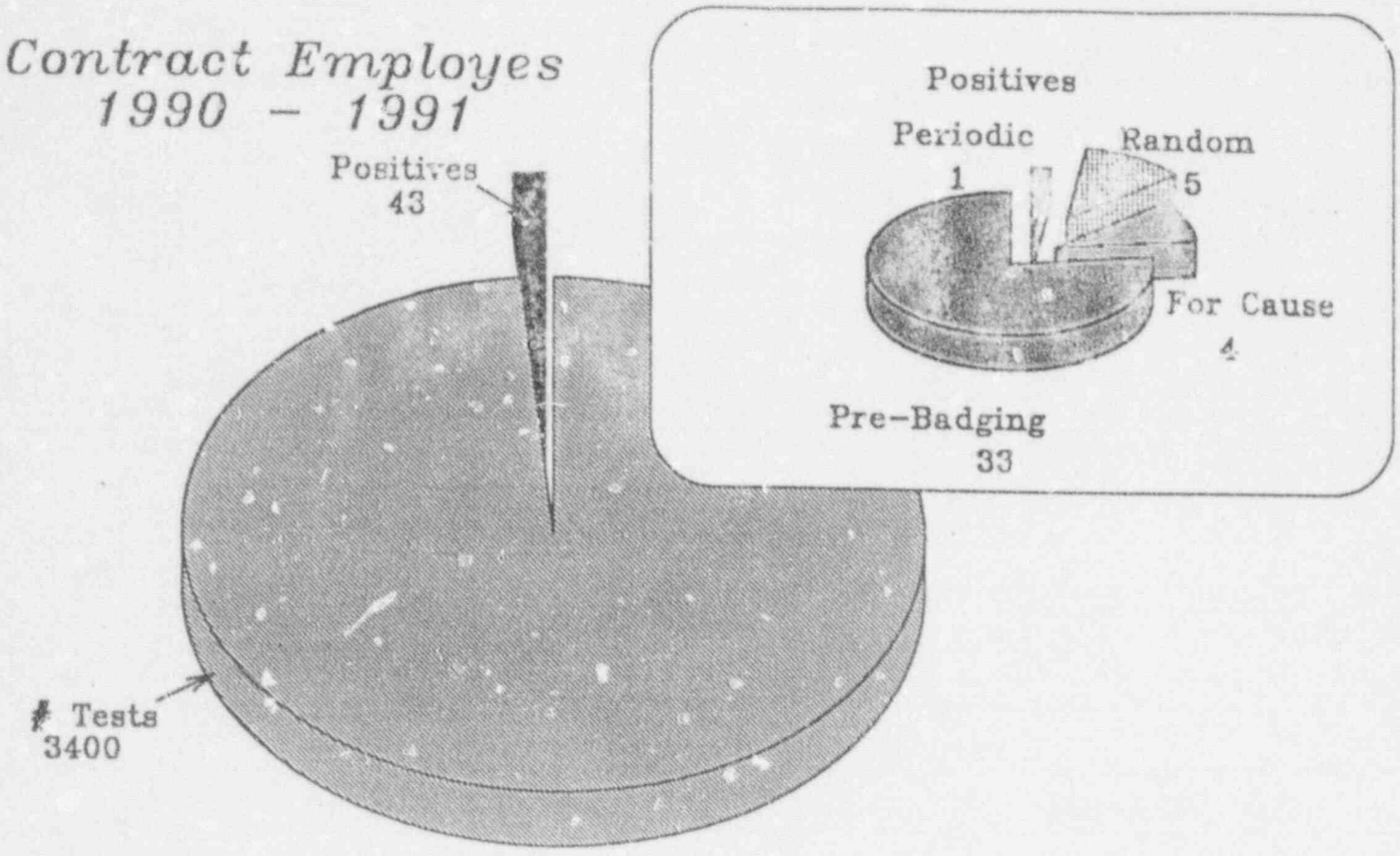
- Evaluation elements identified
- Checklists developed
- Evaluation began 4/2/92
- Expected completion date 5/15/92

Nuclear Quality Assurance to perform independent surveillance/audit

- Surveillance completed
- Audit to evaluate program transition, scheduled for May 1992
- Annual Audit scheduled for December 1992

DECo Employes
1990 - 1991




Contract Employes
1990 - 1991
Positives
43
Tests
3400
Positives
Periodic
1
Random
5
For Cause
4
Pre-Badging
33

Conclusions

No Adverse Impact On Safe Operations Of Fermi 2

Program Performance Objectives Met