

COMANCHE PEAK STEAM ELECTRIC STATION

STATION ADMINISTRATION MANUAL

CONTROLLED COPY NO. 004

SAFETY-RELATED

PERSONNEL SCREENING PROGRAM

PROCEDURE NO. STA-901

REVISION NO. 2

*Tueco
v.d.
Cortis*

REVIEWED BY:

R.R. Wastland

Administrative Superintendent

DATE:

4/8/83

APPROVED BY:

H.P. Jones

Manager, Plant Operations

DATE:

4/20/83

8607100141 860707
PDR FOIA
GARDE86-179 PDR

CPSES STATION ADMINISTRATION MANUAL	ISSUE DATE MAY 16 1983	PROCEDURE NO. STA-901
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1.0 Purpose

The purposes of this procedure are:

- 1.1 Ensure that those individuals who are granted unescorted access authorization into the Protected and Vital Areas of CPSES meet the minimal criteria set forth in the Station Physical Security Plan and NRC regulations.
- 1.2 To prescribe uniform screening criteria for all TUGCO employees, contractors and sub-contractors.

2.0 Applicability

This procedure applies to all TUGCO employees and contractor/sub-contractor employees who perform work at CPSES and are required to have unescorted access within the Protected Area. This procedure becomes effective when issued.

3.0. Definitions

None.

4.0 Instructions

- 4.1 No one will be granted unescorted access authorization into the Protected and Vital Areas of the CPSES without the approval of the Manager, Plant Operations, or his designee.
- 4.2 Those individuals requiring unescorted access authorization should initiate their request approximately two months prior to assignment inside the CPSES Protected Area.
- 4.3 Unescorted access authorization will be granted only to those individuals who:
 - 4.3.1 Have a clear and present "need" to perform specific work inside the Protected and Vital Areas of CPSES and require unescorted access.
 - 4.3.2 Successfully complete a background investigation, psychological tests or interview, and participate in a continual behavior observation program.

Note: Contractor and sub-contractor employees that have three or more continuous years of reliable service with the contractor/sub-contractor company do not have to comply with the psychological and background portion of this section.

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- 4.4 A background investigation will be conducted by a qualified investigative agency on each TUGCO employee and contractor/sub-contractor employees as required by ANSI 18.17 and the CPSES Physical Security Plan. The background investigation will consist of at least a three-year check of employment, credit, drug and alcohol use, and criminal histories, supplemented by military history information, education, and reference checks consisting of two listed and two developed references. This investigation is designed to provide a basis for determining an individual's identity, trustworthiness and reliability. A reputation of reliability and trustworthiness will be questioned if the screening reveals any of the following situations.
- 4.4.1 Deliberate omission or falsification of information submitted in support of employment or request for unescorted access to Protected or Vital Areas.
 - 4.4.2 Use of nonprescribed narcotic or hallucinogenic drugs or excessive use of alcohol.
 - 4.4.3 Any commission or attempt to commit, or aiding, or abetting another who committed or attempted to commit, any act of sabotage, or malicious destruction of property; or any criminal conviction which causally relates to the safety or security of the Plant.
 - 4.4.4 History of mental illness or emotional instability which may cause a significant defect in the individual's judgment or reliability.
 - 4.4.5 Any demonstrated lack of financial responsibility or evidence of coercion, influence, or pressure which may be applied by outside sources to compel an individual to commit an act of radiological sabotage.
 - 4.4.6 Any other information that would adversely reflect upon the reliability and trustworthiness of the individual as it relates to being permitted unescorted access.
- 4.5 Each TUGCO employee and contractor/sub-contractor employee (except those contractor/sub-contractor employees with three (3) years or more of trustworthy employment) will undergo a psychological assessment which is comprised of an objective personality test (approved by the CPSES Manager, Plant Operations) and/or, as necessary, a clinical interview by a licensed psychologist or psychiatrist.
- 4.6 All individuals who have been granted unescorted access authorization will participate in a continual behavioral observation program, as required in 10CFR 73.55, and ANSI 18.17.

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This program is established to ensure the continuing reliability of TUGCO employees and contractor/sub-contractor employees.

4.7 When the screening program produces information as listed in 4.4.1 thru 4.4.6 of this procedure, individuals will not be suitable for unescorted access authorization at CPSES unless a subsequent investigation determines that the information is either untrue or that it is not applicable in determining reliability and trustworthiness of the individual. Upon completion of the investigation and evaluation, the Security Supervisor will submit a recommendation for granting or denying unescorted access to the Manager, Plant Operations, or his designee.

4.8 All records for qualification and screening will be treated as "Confidential" and retained on-site for one year after the employment of the individual has been terminated or if a contractor/sub-contractor employee, for a period of one (1) year following the termination of the unescorted access authorization. These records will be certified by the Security Supervisor. Certification documents will be made available for inspection by authorized representatives of the U.S. Nuclear Regulatory Commission. The security screening and qualification program will be audited annually by qualified personnel selected by TUGCO management.

5.0 References

5.1 CPSES Physical Security Plan

5.2 ANSI 18.17, 1980, "Industrial Security for Nuclear Power Plants"

5.3 10CFR 73.55, "Physical Protection of Plants and Materials"

5.4 10CFR Part 10, "Criteria and Procedures for Determining Eligibility for Access to Restricted Data or National Security Information"

6.0 Attachments

None



UNITED STATES
NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT
Washington, D.C. 20555

INSPECTION AND ENFORCEMENT MANUAL

DFFMS

TEMPORARY INSTRUCTION 2596/1

LICENSEE DRUG AND ALCOHOL PROGRAMS

2596-01 PURPOSE

This Temporary Instruction establishes the methodology to be used by Regional Offices in completing the series of meetings with utilities concerning drug and alcohol abuse programs for operating nuclear power plants.

2596-02 OBJECTIVES

To meet with senior management of utilities with operating nuclear power plants to:

- 021 Communicate the importance which NRC attaches to the threat that alcohol and drugs pose to nuclear safety.
- 022 Determine what licensee policies and programs have been developed and implemented to counter this threat.
- 023 Identify any utilities with operating nuclear power plants which do not appear to have an appropriate program for dealing with drug and alcohol abuse.

2596-03 DEFINITIONS

- 031 Drug Abuse Task Force. Established by the Director, Office of Inspection and Enforcement on February 1, 1982 to study the problem of drug abuse at nuclear reactor facilities and to develop an approach to address that problem.
- 032 Surveyed Licensees. The Task Force visited the following ten licensees, and their drug and alcohol programs are described collectively in NUREG-0903. Regions should not meet with these licensees during the course of their activities performed under this Temporary Instruction.

Region I: Northeast Utilities
General Public Utilities
Baltimore Gas and Electric

Issue Date: 10/25/82

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not have effective programs, and (3) the lack of an established regulatory basis (NRC rule) for dealing with the drug/alcohol problem, the Director of the Office of Inspection and Enforcement established a Drug Abuse Task Force on February 1, 1982, to assess the extent of the problem and to develop a generic approach for addressing it.

- 052 Information Notice (IN) No. 82-05 informed licensees that the Task Force would be gathering information from utilities concerning methods used to control the abuse of drugs at reactor sites.
- 053 The meetings with licensees referred to in IN 82-05 took place in February and March 1982, and included the ten licensees listed under 032 above. Most of the licensees chosen for these early meetings were selected because the Task Force had reason to believe that those utilities had in place effective programs for dealing with drug and alcohol abuse and that visits to them would provide information useful for developing recommendations for a generic approach to the drug/alcohol problem. Based on the information gathered during these preliminary meetings, the Task Force published NUREG-0903, which contains the results of the licensee meetings and a sampling of drug and alcohol programs outside the nuclear industry.
- 054 The Fitness-for-Duty Rule (SECY 82-196), an amendment to 10 CFR 50.54, was published in the the Federal Register (47 FR 33980) on August 5, 1982. The comment period expired October 4, 1982.

2596-06 BASIC REQUIREMENTS

- 061 Deadline. Within 120 days of receipt of this TI, or a later date as negotiated with IE for a region that has a special problem.
- 062 Guides. NUREG-0903 describes in detail the programs which the ten selected utilities had in place at the time each was visited by the IE Drug Abuse Task Force. In addition, on July 16, 1982 the American National Standards Institute published ANSI/ANS 3.3-1982, "Security for Nuclear Power Plants." These documents provide information about some types of utility programs, but they do not constitute requirements which the NRC is trying to impose on utilities. As indicated by the content of the proposed Fitness-for-Duty Rule the NRC is looking toward each utility itself to implement an appropriate program for the particular circumstances in its community. It should also be pointed out that existing utility programs may in some degree be the result of an earlier proposed "access rule" with detailed requirements whose aim was to identify individuals who should not be given access to protected and vital areas of the plant. Although there are similarities between drug abuse and access control programs, the goals are entirely different. Enclosure 1 identifies the principal topics for discussion. It gives some questions which illustrate the substance of what should be discussed. The questions are provided for guidance and should not be used literally.

A. UTILITY PERCEPTION OF THE DRUG AND ALCOHOL PROBLEM

1. What is your (the utility's) perception of the increased probability and severity of accidents posed to nuclear safety because of alcohol and drug abuse?
2. What is your estimate of that increased probability?
3. What is your estimate of the costs that could be incurred?

B. COMPANY POLICIES ON USE OR POSSESSION OF DRUGS OR ALCOHOL

1. Does the utility have a written policy on the use of drugs and alcohol by its employees?
 - a. Do you believe that the policy:
 - (1) clearly and accurately reflects company attitude?
 - (2) defines actions that will be taken?
 - (3) outlines criteria to be applied?
 - b. Is the policy disseminated to all employees?
 - c. Since alcohol and drug abuse is so pervasive and anyone may be an abuser, is the utility committed to carry out the stated policy no matter who may be detected abusing drugs or alcohol?
 - d. Are there examples of the implementation of the policy?
 - e. Have any employees ever been dismissed as a result of violating the company policy?
 - f. Have employees at any nuclear facility operated by the utility ever been dismissed for alcohol or drug abuse?
 - g. Does the policy extend to contractors and subcontractors who enter the plant site?
2. Does the policy address both onsite and offsite use?
 - a. Does the company feel that whatever an employee does on his own time (including drugs) is his own business?
 - b. Does the company policy make it clear that any offsite use that affects onsite performance is subject to disciplinary action up to and including dismissal?

- d. How do you handle family members who want to refer an employee?
4. What would you do if an employee (or contractor) had successfully completed a rehabilitation program? Do you have a written policy on what would be done?
5. How is the information about the program disseminated to personnel?
6. How would you like the NRC to help in the alcohol and drug problem?

Inform Senior Executive Officer that remainder of discussion will get into specifics and that he may wish to leave.

D. UTILITY USE OF BACKGROUND INVESTIGATIONS

1. Does the utility perform background investigations of new nuclear workers?
 - a. Do the investigations cover all personnel in safety-related functions?
 - b. Does the licensee conduct his own background investigations or are they contracted out?
 - c. How would you compare background investigations for personnel in safety-sensitive positions with those for security personnel? What is different?
2. Are background investigations conducted on contractor/subcontractor employees?
3. What do the background investigations include? (If necessary, probe: checks of conviction records, arrest records, education, military experience, medical history, county court records, state police records, credit records.)
4. When investigating an applicant's history for drug and alcohol abuse, are you typically able to acquire (by whatever means) arrest records? Can you verify previous job performance i.e., ask former employer if they would rehire employee? Can you verify military and education records?
5. How do you assure yourself that the background investigations are thorough? (If no answer probe: Do you ever compare background check with psychological tests; perform random checks on completed investigations internally or by yourself?)
6. Do you use polygraph examinations to support the information provided by applicants?

F. UTILITY USE OF SUPERVISORY TRAINING AND OBSERVATION OF APPARENT DEBILITY (BEHAVIORAL OBSERVATION)

1. Are supervisors required to observe personnel to detect behavior that could prevent that employee from performing safety-related functions?
 - a. Are any other personnel responsible for reporting behavior or performance deficiencies?
 - b. If yes, who?
 - c. Are all personnel who are required to make observations trained and qualified in behavioral observation/job performance techniques?
 - d. Are observations of behavior and performance of duty a clearly stated supervisory function? How stated?
 - e. What observation training is provided the supervisors? Initial? Refresher? How often?
 - f. Do personnel who are required to make behavioral observations have access to people who are trained and qualified in recognizing drugs and drug and alcohol abuse?
 - g. Is the program geared primarily to pick up obvious cases of aberrant behavior and drunkenness?
 - h. Do supervisors receive information from the personnel department that points out deteriorating performance (i.e., over use of sick leave, Monday absences, or other patterns of absence?
 - i. Is the emphasis of the program on the supervisor's ability to recognize changes in an employees behavior and job performance?
 - j. Does the company have written procedures for supervisors to follow in the case of deteriorating or problem performance by an employee?
 - (1) What is a supervisor supposed to do when he/she observes performance problems?
 - (2) Do the procedures call for referral to counselors?
 - (3) What do the procedures say if the employee refuses to accept the supervisory referral?
 - (4) What action is specified if the employee is unwilling or unable to rehabilitate?

3. Are suspected cases referred to professionals for evaluation and assistance?
4. Other than searches required by 10 CFR 73.55 of personnel, packages, and vehicles entering the site, are there any specific procedures to search for alcohol and drugs?
5. Are such searches made randomly?
6. What locations are searched? (Probe: tool boxes, desks, wall lockers, and work stations)
7. When you have reason to believe an employee is a substance abuser, what actions (including searches) are taken?
8. Have you ever used dogs to assist in searches for drugs? How often? What happens in subsequent searches with dogs?
9. Have you ever used chemical tests on body fluids and breath to detect alcohol and drugs? What types and how often? Were the tests performed on applicants? Employees?
10. What ongoing information on employees is provided by local law enforcement agencies?
11. What is the union's attitude toward detection of alcohol and drug abuse? What are employees' attitudes?
12. Have you had any legal problems with any detection method?

CONFIDENTIAL

Brown & Root, Inc.
(MEDICAL EXAMINATION RECORD)

DATE _____

APPLICANTS
NAME _____

(LAST)

(FIRST)

(MIDDLE)

(JR., SR., ETC.)

PAYROLL
JOB NO. _____

SOC. SEC. NO. _____

DATE OF BIRTH _____

(MONTH)

(DAY)

(YEAR)

ADDRESS _____

(STREET OR P.O. NO.)

(CITY)

(STATE)

(ZIP CODE)

APPLICANTS MEDICAL HISTORY
(TO BE COMPLETED BY APPLICANT)

CHECK BELOW IF YOU HAVE EVER HAD:

- | | | | | |
|------------------------|------------------------------|--|-------------------------------|------------------------------------|
| 1 _____ TUBERCULOSIS | 11 _____ SHORTNESS OF BREATH | 21 _____ PLEURISY | 29 _____ FAINTING SPELLS | 37 _____ DIFFICULTY OF URINATION |
| 2 _____ CHRONIC COUGH | 12 _____ JAUNDICE | 22 _____ SWOLLEN GLANDS | 30 _____ HEART TROUBLE | |
| 3 _____ ASTHMA | 13 _____ MALARIA | 23 _____ VARICOSE VEINS | 31 _____ HIGH BLOOD PRESSURE | 38 _____ RECTAL TROUBLE |
| 4 _____ HAYFEVER | 14 _____ GOUT | 24 _____ EPILEPSY | | 39 _____ CHRONIC CONSTIPATION |
| 5 _____ FREQUENT COLDS | 15 _____ TYPHOID FEVER | 25 _____ CHOREA (ST. VITUS' DANCE) | 32 _____ DIABETES | 40 _____ HERNIA (RUPTURE) |
| 6 _____ CHEST PAINS | 16 _____ RHEUMATIC FEVER | 26 _____ FREQUENT HEADACHES OR DIZZINESS | 33 _____ FREQUENT EARACHES | 41 _____ STOMACH ULCER |
| 7 _____ BLOODSPITTING | 17 _____ RHEUMATISM | | 34 _____ FREQUENT SORE THROAT | 42 _____ CANCER OR TUMORS |
| 8 _____ BRONCHITIS | 18 _____ POLIOMYELITIS | 27 _____ NERVOUS OR MENTAL BREAKDOWN | | 43 _____ BACKACHE OR SPRAIN |
| 9 _____ PNEUMONIA | 19 _____ PARALYSIS | | 35 _____ KIDNEY TROUBLE | 44 _____ DERMATITIS (SKIN TROUBLE) |
| 10 _____ NOSE BLEEDING | 20 _____ ARTHRITIS | 28 _____ HEAD INJURY | 36 _____ VENEREAL DISEASE | |

WHAT INJURIES HAVE YOU HAD? _____

(IF NONE, WRITE NONE ON ABOVE LINE - DO NOT LEAVE BLANK)

WHEN? _____ (YEAR) ARE YOU PRESENTLY SUFFERING ANY ILL EFFECTS FROM SUCH INJURY?

☐ YES☐ NO

IF SO, DESCRIBE _____

BY WHOM WERE YOU EMPLOYED WHEN INJURED? _____

(GIVE NAME AND ADDRESS OF EMPLOYER)

HAVE YOU EVER DRAWN WORKMAN'S COMPENSATION? ☐ YES ☐ NO

WHEN? _____

FOR HOW LONG? _____

WHAT OPERATIONS HAVE YOU HAD? _____

WHEN? _____

DOCTOR IN ATTENDANCE? NAME _____

ADDRESS _____

HAVE YOU BEEN UNDER THE CARE OF A DOCTOR IN THE PAST SEVEN (7) YEARS? ☐ YES ☐ NO

IF SO, FOR WHAT? _____

DOCTOR IN ATTENDANCE? NAME _____

ADDRESS _____

CHECK BELOW IF YOU HAVE EVER HAD:

- | | |
|----------------------------|----------------------------------|
| 1 _____ HEAD INJURY | 6 _____ NECK INJURY |
| 2 _____ EYE INJURY | 7 _____ BACK INJURY (LOWER BACK) |
| 3 _____ KNEE INJURY | |
| 4 _____ LEG INJURY | 8 _____ BACK INJURY (UPPER BACK) |
| 5 _____ ARM OR HAND INJURY | |
| | 9 _____ HERNIA (RUPTURE) |

DO YOU DRINK ALCOHOLIC BEVERAGES TO EXCESS? ☐ YES ☐ NOMEDICAL TREATMENT FOR ALCOHOLISM? ☐ YES ☐ NO

WHERE? _____

HAVE YOU EVER OR DO YOU NOW USE NARCOTIC DRUGS? ☐ YES ☐ NORECEIVED MEDICAL TREATMENT FOR DRUG ADDICTION? ☐ YES ☐ NO

WHERE? _____

DOCTOR IN ATTENDANCE? _____

HAVE YOU EVER RECEIVED

IF SO, WHEN? _____

HAVE YOU EVER RE-

IF SO, WHEN? _____

MILITARY SERVICE:

YEARS OF
SERVICE _____BRANCH OF
SERVICE _____DATE OF
DISCHARGE _____

REASON _____

ARE YOU APPLYING FOR OR RECEIVING ANY
GOVERNMENT PENSIONS OR DISABILITY PAYMENTS? ☐ YES ☐ NO

IF SO, WHAT PERCENTAGE OF DISABILITY? _____ %

PRESENT DRAFT MEDICAL STATUS _____

IF 4F, FOR WHAT REASON? _____

HAVE YOU EVER BEEN REFUSED INSURANCE? _____

HAVE YOU ANY COMPENSATION CLAIM PENDING? _____

I certify that the foregoing statements are true to the best of my knowledge and belief. I understand that leaving out or misrepresenting facts called for above may be the cause for refusal of employment or separation from the Company.
I hereby grant permission to the examining physician to disclose any and all information herein or hereinafter furnished by me to the Company as may be deemed necessary.

SIGNATURE OF WITNESS _____

SIGNATURE OF APPLICANT _____

11-7055-2 10/56

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(FOR PHYSICIAN'S OR MEDICAL TECHNICIAN'S USE ONLY)

PERFORM WORK ON:
☐ LAND (U.S.A.)
☐ OFFSHORE
☐ FOREIGN

PROSPECTIVE POSITION:		NATURE OF WORK:	
1. GENERAL APPEARANCE		2. PERSONAL HYGIENE	
3. HEIGHT	4. WEIGHT	5. TEMPERATURE (ORAL)	6. SKIN
7. SCALP		8. VISION	
<small>INDICATE ANY EYE DISEASES AND DATE OF SAME</small> VISION WITHOUT GLASSES: R L R L VISION WITH GLASSES: R L R L		COLOR VISION RED BLUE GREEN OCULOMOTOR PUPILS: FUNDI:	
DISTANT (SNELLEN) NEAR (JAEGER TYPE) VISION RESTRICTED TO: REACTION OF PUPILS TO LIGHT:		ACCOMMODATION:	
9. HEARING AT 20 FEET		10. NOSE	
DRUMS CERUMEN		SINUSES	
11. THROAT CONDITION		12. TONGUE	
PHARYNX MUCOUS MEMBRANES		13. TONSILS	
14. TEETH - GUMS		15. LYMPH NODES	
16. THYROID		17. CHEST	
THORAX		18. INJURIES	
19. LUNGS		20. SPINE	
21. HEART		22. PULSE	
23. BLOOD PRESSURE		24. ABDOMEN	
SYS DIA		25. RECTAL HEMORRHOIDS FISTULA PILONIDAL UMBILICAL	
26. VARIOSITIES		27. PROSTATE	
HYDROCELE VARICOCELE		28. EXTREMITIES	
UPPER LOWER		ARCHES	
29. NEUROLOGICAL REFLEXES GAIT TREMOR ROMBERG		30. NERVOUS AND MENTAL STATUS	

LABORATORY	
HEMOGLOBIN (G/L) ALBUMIN SUGAR MICROSCOPIC (IF INDICATED) SEROLOGY DATE LAB.	HEMOGLOBIN (G/L) HEDBLUND COUNT (IF INDICATED) WHITE B. CELL COUNT DIFF. (IF INDICATED) PULMONARY FUNCTION (if indicated)
CHEST X-RAY (IF INDICATED) EKG (IF INDICATED) VC FEV1 OTHER	
THORAX PLEURA SPINE AORTA HEART LUNGS	

PLACEMENT *(Examining physician's recommendation on placement of applicant with physical limitation)*

APPLICANT SHOULD NOT BE ASSIGNED TO A JOB REQUIRING:

- | | |
|--|---|
| 1. _____ ANYTHING OTHER THAN DESK OR BENCH WORK
2. _____ ANY LIFTING, PUSHING OR PULLING HEAVY OBJECTS
3. _____ REPEATED BENDING OF LIMBS, SACRAL OR CERVICAL SPINE
4. _____ CONTINUOUS WALKING OR STANDING, CRAWLING AND WORK ON KNEES
5. _____ WORK ON HIGH LADDERS, OVERHEAD, SCAFFOLDS OR IN STRUCTURES
6. _____ EXPOSURE TO DUST, FUMES OR GASES | 7. _____ CONTACT WITH SKIN IRRITANTS
8. _____ USE OF A RESPIRATOR
9. _____ ACCURATE VISION OR COLOR RECOGNITION
10. _____ CRANE, HOIST AND OR HEAVY EQUIPMENT OPERATION
11. _____ WORK ON OR AROUND MOVING MACHINERY
12. _____ OTHER (EXPLAIN BELOW) |
|--|---|

PHYSICIAN'S REMARKS:

EXAMINING PHYSICIAN:

1. SUBMIT MONTHLY INVOICE FOR EXAMINATIONS PERFORMED.
2. ATTACH ALL EXAMINATION "INVOICE COPIES" AS BILLING SUPPORT.

EXAM RATING:

(IN ACCORDANCE WITH INSTRUCTIONS)

☐ A ☐ B ☐ C

PHYSICIAN'S/MEDICAL TECHNICIAN SIGNATURE

DATE

ADDRESS

PHYSICIAN'S FILE COPY



CENTRAL MEDICAL LABORATORY, INC.

315 SUNSET
P. O. BOX 226116 DALLAS, TEXAS 75208
DALLAS, TX 1-214-942-8004
U.S.A. WATS 1-800-527-6760
TEXAS WATS 1-800-442-6390

LABORATORY COPY

ACCOUNT NO
016473-9

DRAWING DATE

40

214-753-4330

ACCOUNT NAME AND ADDRESS

TEXAS UTILITIES GENERATING CO.
COMANCHE PEAK # 04
810 NORTH FOURTH ST.
LONGVIEW, TX 75601

PATIENT NAME

AGE

SEX

PATIENT IDENTIFICATION

REQUESTING PHYSICIAN

BILL TO:
PLEASE CHECK
C ☐ CLIENT
P ☐ PATIENT OR
MEDICARE/MEDICAID

FILL IN SECTION A TO BILL PATIENT OR
MEDICARE/MEDICAID. If the proper infor-
mation is not provided, it will be necessary to bill
the requesting physician.

SURVEY GROUPS

- 481 ☐ CHEMISTRY SURVEY I
460 ☐ CHEMISTRY SURVEY II
479 ☐ ELECTROLYTE SURVEY
471 ☐ CARDIAC SURVEY
SGOT, ALK. PHOS., LDH, CPK,
Cholesterol, Triglycerides
464 ☐ LIPID SURVEY I
Cholesterol, Triglycerides, Lipoprotein
Electrophoresis, Phenotype
454 ☐ LIPID SURVEY II
Lipid Survey I and HDL
486 ☐ HEPATIC SURVEY I
Total Bilirubin, ALK. PHOS., SGOT,
SGPT, LDH, A/G Ratio, GGTP
956 ☐ HEPATIC SURVEY II
Hepatic Surveys with Australia Antigen
673 ☐ HEPATITIS SURVEY
HBsAg, HBsAb, HBcAb, HBcAg,
HAV-M

- 465 ☐ EXECUTIVE SURVEY
Chemistry Survey I, CBC, T₄, Lipopro-
tein Electrophoresis, Phenotype, RPR
489 ☐ EXECUTIVE SURVEY II
Executive Survey I with HDL
469 ☐ INFLAMMATORY SURVEY I
Streptozyme Screen, Uric Acid, RA
Screen, CRP, L.E. Screen
937 ☐ INFLAMMATORY SURVEY II
Streptozyme Screen, CRP, RA Screen,
ANA, C₃
466 ☐ THYROID SURVEY
T₃, T₄, Free
Thyroxine Index (T₄)
299 ☐ HYPERTHYROID EVALUATION
T₃, T₄, FTI, T₃, B₄, RIA
319 ☐ HYPOTHYROID EVALUATION
T₃, T₄, FTI, TSH

- 681 ☐ THYROID ANTIBODIES
Anti-Thyroglobulin Antibody, Anti-
Thyroid Microsomal Antibody
790 ☐ RENAL SURVEY
Potassium, Calcium, Phosphorus
Bun, Creatinine, Albumin
272 ☐ 24 HOUR URINE SURVEY
Calcium, Phosphorus, Creatinine,
Uric Acid
472 ☐ OBSTETRICAL SURVEY I
CBC, A B O Group, Rh Type, RPR,
Antibody Screen, if Rh Negative
473 ☐ OBSTETRICAL SURVEY II
OBI with Rubella Screen
095 ☐ AUTO-IMMUNE SURVEY
ANA, AMA, ASMA
421 ☐ IMMUNOGLOBULINS
IgA, IgE, IgG, IgM

RAST SURVEYS

- 453 ☐ PEDIATRIC SCREEN
Eggwhite, Milk, Wheat, Peanuts, Oats,
Alternaria, House Dust, D. farina,
Cat Epithelium, Dog Dander
177 ☐ ENVIRONMENTAL SCREEN
Penicillium, Cladosporium, Aspergillus,
Alternaria, D. farinae, House Dust,
Cat Epithelium, Dog Dander,
Horse Dander
174 ☐ FOOD SCREEN
Egg White, Milk, Wheat, Rye, Barley,
Oat, Corn, Peanut, Tomato, Potato,
Shrimp
183 ☐ PLANT SCREEN
Bermuda, Timothy, Kentucky Blue,
Johnson, Ragweeds, English Plantain,
Oak, Mt. Cedar, Maple, Elm, Cotton-
wood

INDIVIDUAL ALLERGENS
AVAILABLE UPON REQUEST

ALPHABETICAL TEST LISTINGS

- 261 ☐ Acid Phosphatase, Prostatic
260 ☐ Acid Phosphatase, Total
255 ☐ Alkaline Phosphatase, Serum
243 ☐ Amylase, Serum
426 ☐ Anti-Nuclear Antibody (ANA)
346 ☐ Australia Antigen (HBsAg)
160 ☐ BUN (Blood Urea Nitrogen)
220 ☐ Bilirubin, Total
140 ☐ Calcium, Serum
188 ☐ Carcinoembryonic Antigen (CEA)
030 ☐ CBC (with Differential)
135 ☐ Chloride, Serum
113 ☐ Cholesterol, Serum
370 ☐ Coombs, Indirect (Antibody Screen)
541 ☐ Cortisol, Serum
291 ☐ Creatine Phosphokinase (CPK)
208 ☐ Creatine Phosphokinase Isoenzymes
170 ☐ Creatinine, Serum
127 ☐ Digoxin
129 ☐ Digoxin
347 ☐ Dilantin, Serum
302 ☐ Drug Screen, Urine
185 ☐ Electrophoresis, Protein, Serum
350 ☐ Fehleide Agglutination
538 ☐ Follicle Stimulating Hormone (FSH)
663 ☐ Gastrin
145 ☐ Glucose, Blood

- 150 ☐ Glucose Tolerance (3 hr.)
152 ☐ Glucose Tolerance (6 hr.)
153 ☐ Glucose Tolerance (6 hr.)
156 ☐ Glycohemoglobin
040 ☐ Hemogram
117 ☐ High Density Lipoprotein (HDL)
536 ☐ 17-Hydroxycorticosteroids, Urine
531 ☐ Immunoelectrophoresis, Serum
255 ☐ Iron, Serum
280 ☐ Iron Binding Capacity
335 ☐ 17-Ketosteroids, Urine
210 ☐ Lactic Dehydrogenase (LDH)
214 ☐ Lactic Dehydrogenase Isoenzymes
572 ☐ Lead, Blood
544 ☐ Lead, Urine
159 ☐ Mercury, Blood
689 ☐ Mercury, Urine
340 ☐ Mono Test
684 ☐ Parathyroid Hormone (PTH)
176 ☐ Partial Thromboplastin Time (PTT)
065 ☐ Platelet Count, Quantitative
130 ☐ Potassium, Serum
116 ☐ Pregnancy Test, Serum
115 ☐ Pregnancy Test, Urine
195 ☐ Premarital Serology
562 ☐ Prolactin
175 ☐ Prothrombin Time

- 415 ☐ RA Screen
416 ☐ RA Titer
060 ☐ Reticulocyte Count
399 ☐ RPR Serology
352 ☐ Rubella Screen for Immunity
090 ☐ Sedimentation Rate (ESR)
265 ☐ SGOT (AST)
209 ☐ SGPT (ALT)
901 ☐ Streptozyme Screen
375 ☐ Streptozyme Titer
088 ☐ Sickle Cell Screen
683 ☐ T₃ by RIA (Triiodothyronine)
105 ☐ T₃ Uptake
110 ☐ Thyroxine, Free (Free T₄)
106 ☐ T₄
354 ☐ Thyroid Stimulating Hormone
(TSH)
526 ☐ Triglycerides, Serum
155 ☐ Uric Acid, Serum
557 ☐ Zinc, Serum
285 ☐ Urinalysis, Routine
495 ☐ Vanillic Mandelic Acid (VMA)

MICROBIOLOGY

- 435 ☐ Culture and Sensitivity
Source: _____
162 ☐ Urine Culture, Sensitivity
and Colony Count
450 ☐ Acid Fast Stain
431 ☐ Acid Fast, Culture and Stain
451 ☐ Fungus Culture
438 ☐ Beta Strep Screen
444 ☐ G.C. Culture
430 ☐ Culture With NO Sensitivity
Source: _____
441 ☐ Blood Culture (Aerobic
and Anaerobic)
303 ☐ Occult Blood, Stool
434 ☐ Pinworm Prep
300 ☐ Ova & Parasites, Stool
301 ☐ Stool Fat, Qualitative
452 ☐ KOH Prep
433 ☐ Hanging Drop
445 ☐ Gram Stain Source: _____

OTHER TEST

CODE	DESCRIPTION
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

SPECIAL SURVEY GROUPS

1152 [] DRUG SCREEN #4

SECTION A

RESPONSIBLE PARTY/CASE NAME			
ADDRESS			
CITY, STATE, ZIP		PHONE	
MEDICARE NUMBER		SUFFIX	STATE ISSUED
DATE OF BIRTH		COUNTY OF RESIDENCE	
MEDICAID I.D. NO./OTHER I.D. NO.			
DIAGNOSIS OF SYMPTOMS			

MEDICARE/MEDICAID ASSIGNMENT

I authorize the release of any information required by federal or state agencies for this or any related Medicare-Medicaid claim. This authorization may be used to request payment of medicare benefits either to myself or the party accepting assignment.

Patient Signature

A-11

APPLICATION FOR EMPLOYMENT

INTERVIEWER'S REMARKS

TEXAS UTILITIES GENERATING CO.

P.O. Box 2300

Glen Rose, Texas 76043

DATE _____

NAME

FIRST

MIDDLE

LAST

PHONE _____

ADDRESS

NUMBER

STREET

CITY

COUNTY

STATE

ZIP CODE

DATE OF BIRTH

MONTH

DAY

YEAR

SOCIAL SECURITY NO.

HAVE YOU EVER HAD ANY SERIOUS ILLNESSES, INJURIES OR DISABILITIES?

IF SO, DESCRIBE _____

PHYSICAL

THE FAILURE OF AN APPLICANT TO REPORT ANY CONDITION OF CHRONIC ILLNESS OR CONTINUING INFIRMITY, WHETHER SPECIFICALLY QUESTIONED THEREON OR NOT, WILL BE CAUSE FOR MANDATORY DISCHARGE, REGARDLESS OF WHEN DISCOVERED.

EYE TROUBLE

HEART TROUBLE

HEARING

BLOOD PRESSURE: HIGH

LOW

NORMAL

HAVE YOU HAD SEIZURES OF ANY KIND? YES

NO

IF SO, STATE KIND: EPILEPTIC

DIABETIC

OTHER

HAVE YOU EVER HAD A HERNIA?

HAVE YOU EVER HAD A BACK INJURY?

DATE OF LAST PHYSICAL EXAM _____

ANY PHYSICAL DEFECTS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

RELATIONSHIP _____

HOME ADDRESS _____

PHONE _____

BUSINESS ADDRESS _____

PHONE _____

HAVE YOU EVER HAD OR DO YOU NOW HAVE A WORKMAN'S COMPENSATION CLAIM PENDING FOR AN INJURY WHILE WORKING FOR ANY EMPLOYER?

IF YES, GIVE DATE, NAME OF EMPLOYER AND NATURE OF ACCIDENT _____

RELATIVES NOW EMPLOYED BY THIS COMPANY (INCLUDING IN LAWS)

(PLEASE INCLUDE NAMES, JOB TITLES AND RELATIONSHIPS)

PERSONS YOU KNOW EMPLOYED BY THIS COMPANY

(PLEASE INCLUDE NAMES AND JOB TITLES)

WHO REFERRED YOU TO THIS COMPANY? _____

WERE YOU EVER EMPLOYED BY THIS COMPANY?

WHEN? _____

HAVE YOU EVER APPLIED AT T.U.G.C.

IF SO, WHEN? _____

HAVE YOU EVER HAD AN EMPLOYMENT PHYSICAL EXAMINATION? YES NO

DID YOU PASS PHYSICAL? YES NO

DO YOU HAVE A TEXAS DRIVERS LICENSE? TYPE

NUMBER

WAS IT EVER SUSPENDED?

SCHOOLS ATTENDED:

WRITE NAME AND LOCATION OF EACH
SCHOOL IN PROPER BOX BELOWYEARS
ATTENDEDNUMBER
DATE
LEFT
SCHOOLDATE
GRADAVERAGE
GRADEDIPLOMA/OR
DEGREE

MAJOR AND MINOR SUBJECTS

GRAMMAR SCHOOL

JR. HIGH SCHOOL

HIGH SCHOOL

G.E.D.

COLLEGE OR UNIVERSITY

OTHER SCHOOLING

TYPING SPEED

W.P.M.

SHORTHAND SPEED

W.P.M.

POSITION DESIRED

SALARY EXPECTED

CAN REPORT WHEN?

A-12

PRESENT OR LAST EMPLOYMENT:

EMPLOYMENT RECORD

NAME OF FIRM	TYPE OF BUSINESS	YOUR SUPERVISOR	YOUR JOB TITLE	MO. SALARY
STREET ADDRESS	DATE STARTED	DATE LEFT	REASON FOR LEAVING	
CITY, STATE				
ZIP CODE				
TELEPHONE NO.	MO DAY YR	MO DAY YR		
JOB DUTIES				

PREVIOUS EMPLOYMENT

NAME OF FIRM	TYPE OF BUSINESS	YOUR SUPERVISOR	YOUR JOB TITLE	MO. SALARY
STREET ADDRESS	DATE STARTED	DATE LEFT	REASON FOR LEAVING	
CITY, STATE				
ZIP CODE				
TELEPHONE NO.	MO DAY YR	MO DAY YR		
JOB DUTIES				

NAME OF FIRM	TYPE OF BUSINESS	YOUR SUPERVISOR	YOUR JOB TITLE	MO. SALARY
STREET ADDRESS	DATE STARTED	DATE LEFT	REASON FOR LEAVING	
CITY, STATE				
ZIP CODE				
TELEPHONE NO.	MO DAY YR	MO DAY YR		
JOB DUTIES				

NAME OF FIRM	TYPE OF BUSINESS	YOUR SUPERVISOR	YOUR JOB TITLE	MO. SALARY
STREET ADDRESS	DATE STARTED	DATE LEFT	REASON FOR LEAVING	
CITY, STATE				
ZIP CODE				
TELEPHONE NO.	MO DAY YR	MO DAY YR		
JOB DUTIES				

OTHER WORK EXPERIENCE OR SPECIAL SKILLS

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ARE YOU PRESENTLY UNDER INDICTMENT? YES _____ OR NO _____ GIVE DATE AND DISPOSITION OF CASE.

HAVE YOU EVER USED DRUGS OR NARCOTICS OTHER THAN BY PRESCRIPTION? IF YES, EXPLAIN

PRESENT DRAFT CLASSIFICATION U. S. MILITARY EXPERIENCE BRANCH OF SERVICE RANK

DATE ENTERED DATE DISCHARGED TYPE OF DISCHARGE

DO YOU RECEIVE ANY PENSION OR DISABILITY? WHAT DISABILITY?

WHAT AMOUNT? ARE YOU A MEMBER OF THE NATIONAL GUARD OR RESERVES?

GIVE BELOW NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS, OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS, FOR REFERENCES AS TO CHARACTER REPUTATION, ETC.:

NAME ADDRESS TEL. NO. OCCUPATION

I HEREBY AUTHORIZE ANY FORMER EMPLOYER OR ANY OTHER PERSON GIVEN AS REFERENCE, TO ANSWER ANY AND ALL QUESTIONS THAT MAY BE ASKED CONCERNING ME. THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

APPLICANT'S SIGNATURE

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

A-13 § 73.

§ 72.91

Subpart I—Training and Certification of ISFSI Personnel

§ 72.91 Operator requirements.

Operation of equipment and controls that have been identified as important to safety in the Safety Analysis Report and in the license shall be limited to trained and certified personnel or be under the direct visual supervision of an individual with training and certification in such operation. Supervisory personnel who personally direct the operation of equipment and controls that are important to safety must also be certified in such operations.

§ 72.92 Operator training and certification program.

The applicant for a license under this part shall establish a program for training, proficiency testing, and certification of ISFSI personnel. This program shall be submitted to the Commission for approval with the license application.

§ 72.93 Physical requirements.

The physical condition and the general health of personnel certified for the operation of equipment and controls that are important to safety shall not be such as might cause operational errors that could endanger other in-plant personnel or the public health and safety. Any condition which might cause impaired judgment or motor coordination must be considered in the selection of personnel for activities that are important to safety. Such conditions need not categorically disqualify a person so long as appropriate provisions are made to accommodate such defect.

PART 73—PHYSICAL PROTECTION OF PLANTS AND MATERIALS

GENERAL PROVISIONS

- § 73.1 Purpose and scope.
- § 73.2 Definition.
- § 73.3 Substitutions.
- § 73.4 Communications.
- § 73.5 Security evaluation.

Title 10—Energy

- § 73.6 Exemptions for certain quantities and kinds of special nuclear material.
- § 73.20 General performance objective and requirements.
- § 73.21 Requirements for the protection of safeguards information.
- § 73.24 Prohibitions.

PHYSICAL PROTECTION OF SPECIAL NUCLEAR MATERIAL IN TRANSIT

- § 73.25 Performance capabilities for physical protection of strategic special nuclear material in transit.
- § 73.26 Transportation physical protection systems, subsystems, components, and procedures.
- § 73.27 Notification requirements.
- § 73.37 Requirements for physical protection of irradiated reactor fuel in transit.

PHYSICAL PROTECTION REQUIREMENTS AT FIXED SITES

- § 73.40 Physical protection. General requirements at fixed sites.
- § 73.45 Performance capabilities for fixed site physical protection systems.
- § 73.46 Fixed site physical protection systems, subsystems, components and procedures.
- § 73.50 Requirements for physical protection of licensed activities.
- § 73.55 Requirements for physical protection of licensed activities in nuclear power reactors against radiological sabotage.
- § 73.60 Additional requirements for the physical protection of special nuclear material at non-power reactors.

PHYSICAL PROTECTION OF SPECIAL NUCLEAR MATERIAL OF NONREACTOR AND LOW STRATEGIC SIGNIFICANCE

- § 73.67 Licensee fixed site and in transit requirements for the physical protection of special nuclear material of moderate and low strategic significance.

RECORDS AND REPORTS

- § 73.70 Records.
- § 73.71 Reports of unaccounted for shipments, suspected thefts, unlawful diversion, radiological sabotage, or events which significantly threaten or lessen the effectiveness of safeguards.
- § 73.72 Requirement for advance notice of shipment of special nuclear material.

ENFORCEMENT

- § 73.80 Violations.
- APPENDIX A UNITED STATES NUCLEAR REGULATORY COMMISSION INSPECTION AND ENFORCEMENT REGIONAL OFFICES
- APPENDIX B GENERAL CERTIFICATES FOR SPECIAL PHYSICIAN

Chapter I—Nuclear Regulatory Commission

- APPENDIX C LICENSE SUBJECTS AND CORRELATIVE PLANS
- APPENDIX D PHYSICAL PROTECTION OF IRRADIATED REACTOR FUEL IN TRANSIT
- THE PROGRAM SUBJECT SUMMARY

AUTHORITY: SECS. 53, 147, 161a, 161b, 161c, Pub. L. 85-703, 68 Stat. 946, 948, 950, as amended; Pub. L. 85-505, 72 Stat. 327, Pub. L. 88-489 Stat. 602, Pub. L. 93-373, 88 Stat. 475, Pub. L. 96-295, 94 Stat. 760, 42 U.S.C. 2073, 2201, 2167f, sec. 201, Pub. L. 93-438, 88 Stat. 1242, 1243, as amended; Pub. L. 94-79, 89 Stat. 413, 42 U.S.C. 5843, for the purposes of sec. 223, 68 Stat. 946, as amended; 42 U.S.C. 2233, 53.55, as amended; sec. 161b, 68 Stat. 948, as amended; 42 U.S.C. 2201(b), 53.53, 53.24, 53.25, 53.26, 53.27, 53.35, 53.40, 53.43, 53.46, 53.50, 53.55, and 53.67, as amended; sec. 161c, 68 Stat. 949, as amended; 42 U.S.C. 2201(c), and 53.53, 206.00, 53.54(b)(1), 53.55(a)(1), 53.55(a)(2), 53.55(a)(3), 53.55(a)(4), 53.55(a)(5), 53.55(a)(6), and 53.55(a)(7), 53.55(a)(8), 53.55(a)(9), 53.55(a)(10), 53.55(a)(11), 53.55(a)(12), 53.55(a)(13), 53.55(a)(14), 53.55(a)(15), 53.55(a)(16), 53.55(a)(17), 53.55(a)(18), 53.55(a)(19), 53.55(a)(20), 53.55(a)(21), 53.55(a)(22), 53.55(a)(23), 53.55(a)(24), 53.55(a)(25), 53.55(a)(26), 53.55(a)(27), 53.55(a)(28), 53.55(a)(29), 53.55(a)(30), 53.55(a)(31), 53.55(a)(32), 53.55(a)(33), 53.55(a)(34), 53.55(a)(35), 53.55(a)(36), 53.55(a)(37), 53.55(a)(38), 53.55(a)(39), 53.55(a)(40), 53.55(a)(41), 53.55(a)(42), 53.55(a)(43), 53.55(a)(44), 53.55(a)(45), 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53.55(a)(842), 53.55(a)(843), 53.55(a)(844), 53.55(a)(845), 53.55(a)(846), 53.55(a)(84

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1. Allegation Group: Miscellaneous, No. 18
2. Allegation Number: AM-21
3. Characterization:
4. Assessment of Safety Significance: The NRC staff reviewed background information pertinent to this allegation, interviewed managers, staff, and technicians affiliated with Texas Utilities Generating Company (TUGCO), Brown & Root, medical laboratory personnel, and law enforcement officials. The topics for the interviews were:
 - ° Methodology utilized in conducting drug investigations.
 - ° Related personnel actions for identified drug abusers.
 - ° Techniques employed for pre-employment background investigation.
 - ° Programs for employee supervisory oversight.
 - ° Programs for employee assistance ^{involving} ~~among~~ the permanent party.

Nonconformance report (NCR) _____ described

(TUGCO) security investigators from the corporate office in Dallas followed up on the allegation of onsite drug abuse by Brown & Root employees. These incidents, as alleged to TUGCO, reportedly occurred in the construction area of Unit 2 and involved personnel from a mixture of

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trades and fields. Through a series of interviews beginning with the alleged, the investigators developed information about a number of drug abusers. Based upon the statements of the alleged onsite drug abusers, personnel action was taken to terminate those who were verified as abusers.

The NCR was discussed by the NRC staff with TUGCO corporate officials who supervised and conducted the investigation. They reported that they received an allegation about drug abuse onsite by Brown & Root employees. They interviewed the alleged to measure the veracity of the information. Based upon this information, an investigation was organized to employ the sociometric or networking method.

Fifty-six person were interviewed to complete the network of relationships. Thirty-nine individuals were invited to support their statement through the use of the polygraph. Thirty-three people terminated employment after the results of the statement taking and interviewing process was referred to the Brown & Root personnel office.

TUGCO applicants for unescorted access to the protected area and security personnel from Burns International, who are contracted to meet the requirements of 10 CFR 73.55, Appendix B, are required to provide a specimen for urine analysis which includes a wide ^{range of} ~~random~~ drug screening. This test is a precondition of employment with both companies. These

applicants are also subjected to an indepth background investigation. These techniques are detailed in the SAFEGUARDS edition of the physical security plan. However, these commitments, while being currently met, are not mandatory until the reactor is operational. Further, the commitments exceed current requirements and industry standards.

On September 13, 1984, the NRC staff determined, through interview and records review, that Brown & Root had ^{NC}~~not~~ regulatory requirement to give a physical examination to their employees. It is the corporate policy to give a physical examination to satisfy the insurance precautions of workmen's compensation. A urine analysis is performed by qualified lab technicians but does not include a drug screen.

An examinatioⁿ of procedures and materials by NRC staff on September 11, 1984, reflects that TUGCO has began a supervisory indoctrination program concerning the recognition of drugs, alcohol, and drug abusers and abbarent behavior. This is being done in anticipation of operations.

It was determined through interview of the county sheriff by the NRC staff on September 13, 1984, that the law enforcement authorities had been notified of the investigation.

5. Conclusion and Staff Position: The NRC staff determined that an NCR had been written on drug abuse reported by a worker. The allegation was verified to be true but had no safety significance relative to the

preparation of the plant. TUGCO has put into place an effective program for the pre-screening, detection, and treatment of drug and alcohol abusers. The program exceeds requirements and is being practical prior to the time of commitment.

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