

FFD Program Performance Data Reporting System

NRC Form 891, Annual Reporting Form for Drug and Alcohol Tests

(EIE General Submission Portal)

Protecting People and the Environment APPROVED BY OMB: CLEARANCE NO. 3150-0146

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Estimated burden per response to comply with this collection request is 108 hours. This form is a voluntary means of reporting the information required under 10 CFR 26.417(b)(2) and 26.717. The information is required
NRC to obtain on an annual basis site specific fitness-for-duty (FFD) program performance data on drug and alcohol programs from licensees and other entities. Send comments regarding burden estimate to the FO
Information Services Branch (T6-A10M), U.S. Nuclear Regulatory Commission, Washington DC 20555-0001, or by e-mail to Infocollects Resource@NRC gov, and to the Desk Officer, Office of Information and Regulation
Affairs, NEOB-1020, (3150-0146), Office of Management and Budget, Washington DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may r
conduct or sponsor, and a person is not required to respond to, the information collection.

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1) All fields required un 2) Use of Adobe Reader 3) Mouse over fields for	r 8 or later is required	d			Submis Update			
Facility				F	Period of F	Report		
River Bend [50-458]				321	2020)		
Tests Conducted in t	he Calendar Year			-		<u></u>		
Reason For Test	ing	Total Numb	per of Tests Co	onducted			ber of Positive, Adul	
7.0200117011701	Licen	see Employees	Co	ontractors/Ve	ndors	Substituted	d, and Refusal to Tes	t Results
Pre-Access	82	92			223		5	
Random		588			126		4	
For Cause		2			0		1	
Post-Event	ost-Event				0		0	
Follow-up		85		15			0	
Total (Calcul	lated)	768			364		10	
FFD Program Randon Average numb licensee emplo	er of /	Average number contractors/vendo		Total size of throughout th		m testing pool Calculated)	Annual random testi achieved for the test	ing pool
	1,021	-	320			1,541		53.2
Does your progra Licensee Testing (Yes / No) HHS-Certified Lab	Facility? No	Quest Diagnost		HHS-		Laboratory (Backup)	Quest Diagnostics/PI	niladelphia, PA
Substances Tested				<u> </u>				9
	only test for NRC-respecified minimum of					s your program conduc nitted in 26.163(a)(2)?		
Special Analyses	Testing Results		Number of "Dilu men Test Resu (Optional)		16		Dilute" Specimens Testing Conducted)	16
Substance	Use NRC Cutoffs?	Initial Cutoff	Confirmatory Cutoff	Limit of Detection (LOD) Testing?		Comment (Optional)		
Alcohol	Yes			Not Applica	ble			
Cocaine	Yes			Yes		V= 10		
Marijuana	Yes			Yes				
Amphetamines	Yes			Yes				
Opiates	Yes			Yes				
PCP	Yes			Yes		_		

Substances Tested - continue	ed				
	<u>.</u>				
Summary of Management Act				···	
orrective action reports. If repo	orting information	program performance. on more than three top	As applicable, reference in the top ics, select "Others" for Topic 3 to re	ic description audit reports, port any additional topics.	30-day reports, and/o
Topic 1		Topic 1 Description			
Policies and Procedures			o improve our Procedures and Police	ies.	
Add an additional Topic			1900		
Topic 2		Topic 2 Description			
Random Testing		and holidays.	ontinues to use a tracking mechanic	sm to ensure we cover back	shifts, weekends
Add an additional Topic		444			
<u></u>					
rson(s) Responsible for Info erson 1 (required);	rmation Provided	1			
atthew	Deignan		Supervisor AA/FFD	mdeigna@entergy.com	1
First Name		Last Name	Position Title		nail Address
erson 2 (optional)			1		1
elly	Noland		Senior Security Coordinator	knoland@entergy.com	
		Last Name	Position Title	Company Er	nail Address
First Name					
nal Step (Required) - NRC will errors (i.e., those highlighted in	consider this form	authentic in accordan	ce with 10 CFR 26.11 only when the	e "Validate & Lock" button h	as been selected and
nal Step (Required) - NRC will errors (i.e., those highlighted in ccessfully completed and the fo	consider this form red) have been c rm is ready for su	authentic in accordan	ce with 10 CFR 26.11 only when the	e "Validate & Lock" button h	as been selected and