

APPROVED BY OMB: CLEARANCE NO. 3150-0146

EXPIRES: 04/30/2021

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 by 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 FOIA, 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 Regulatory 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 not conduct or sponsor, and a person is not required to respond to, the information collection.

- 1) All fields required unless marked 'optional'
- 2) Use of Adobe Reader 6 or later is required
- 3) Mouse over fields for additional information

Submission Update

Facility

Period of Report

Palisades [50-255]

2020

Tests Conducted in the Calendar Year

| Reason For Testing | Total Number of Tests Conducted | | Total Number of Positive, Adulterated, Substituted, and Refusal to Test Results |
|---------------------------|---------------------------------|---------------------|---|
| | Licensee Employees | Contractors/Vendors | |
| Pre-Access | 60 | 1,004 | 8 |
| Random | 417 | 120 | 2 |
| For Cause | 4 | 0 | 0 |
| Post-Event | 0 | 2 | 0 |
| Follow-up | 11 | 37 | 1 |
| Total (Calculated) | 492 | 1,163 | 9 |

FFD Program Random Testing Population and Rate

Average number of licensee employees

675

Average number of contractors/vendors

328

Total size of the random testing pool throughout the period (Calculated)

1,001

Annual random testing percentage achieved for the testing pool

53.6

Laboratory Testing

Does your program use a Licensee Testing Facility? (Yes / No)

No

HHS-Certified Laboratory (Primary)

Quest Diagnostics Incorporated
Lenexa, KS 66219

HHS-Certified Laboratory (Backup)

Quest Diagnostics Incorporated
Norristown, PA 19403

Identify your Blind Performance Test Sample supplier(s)

El Sohly Labs, Inc., Oxford, MS 38655

Substances Tested

Did your program only test for NRC-required substances AND at the NRC-specified minimum cutoff levels? (Yes / No)

Yes

Does your program conduct LOD testing permitted in 26.163(a)(2)? (Yes / No)

Yes

Special Analyses Testing Results

Total Number of "Dilute" Specimen Test Results (Optional)

11

Total Number of "Dilute" Specimens (Special Analyses Testing Conducted)

11

| Substance | Use NRC Cutoffs? | Initial Cutoff | Confirmatory Cutoff | Limit of Detection (LOD) Testing? | Comment (Optional) |
|--------------|------------------|----------------|---------------------|-----------------------------------|--------------------|
| Alcohol | Yes | | | Not Applicable | |
| Cocaine | Yes | | | Yes | |
| Marijuana | Yes | | | Yes | |
| Amphetamines | Yes | | | Yes | |
| Opiates | Yes | | | Yes | |
| PCP | Yes | | | Yes | |

Substances Tested - continued

Summary of Management Actions - 26.717(b)(8)

Summarize actions implemented to improve FFD program performance. As applicable, reference in the topic description audit reports, 30-day reports, and/or corrective action reports. If reporting information on more than three topics, select "Others" for Topic 3 to report any additional topics.

Topic 1

Policies and Procedures

Topic 1 Description

In response to the pandemic, procedures were revised to incorporate the CDC guidelines for personal protection use.

Add an additional Topic

Topic 2

Program and System Management

Topic 2 Description

An analysis of the data for 2020 was conducted and no programmatic weaknesses were found.

Add an additional Topic

Person(s) Responsible for Information Provided

Person 1 (required):

| | | | |
|------------|-----------|-------------------|-----------------------|
| Scott | Summers | AA/FFD Supervisor | ssumme1@entergy.com |
| First Name | Last Name | Position Title | Company Email Address |

Person 2 (optional):

| | | | |
|------------|-----------|----------------|-----------------------|
| | | | |
| First Name | Last Name | Position Title | Company Email Address |

Final Step (Required) - NRC will consider this form authentic in accordance with 10 CFR 26.11 only when the "Validate & Lock" button has been selected and all errors (i.e., those highlighted in red) have been corrected. The "Validate & Lock" button will change to "Locked" after the data validation process has been successfully completed and the form is ready for submission.

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